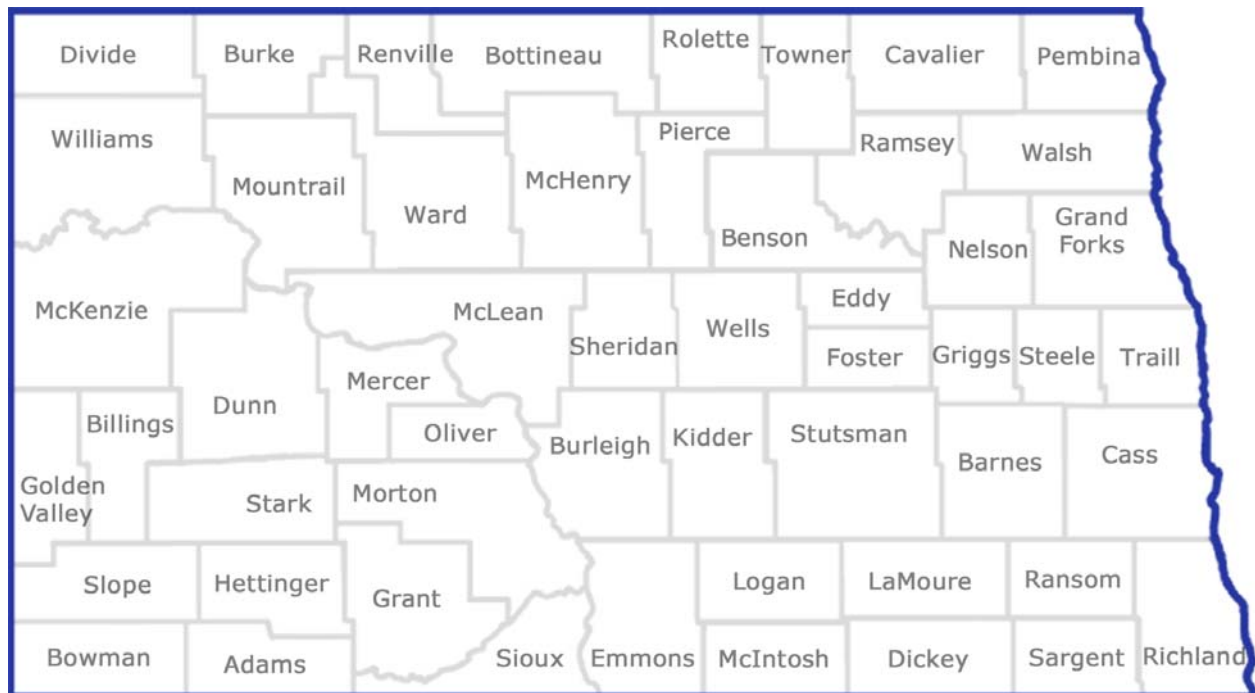


NORTH DAKOTA STATE PLAN ON AGING FEDERAL FISCAL YEARS 2007-2010

Aging Services Division



North Dakota Department of Human Services
Carol K. Olson, Executive Director



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging

Washington D.C. 20201

SEP 29 2006

Mr. John Hoeven
Governor
State of North Dakota
600 East Boulevard Avenue
Bismarck, ND 58505-0001

Dear Governor Hoeven:

It is a pleasure to inform you of the approval of the North Dakota State Plan on Aging under the Older Americans Act. The plan will begin October 1, 2006 and run through September 30, 2010.

I am particularly pleased with the efforts made by the North Dakota Aging Services Division to obtain extensive public input in the development of the State Plan. As a result of these efforts, the State Plan reflects a proactive strategy to deliver high quality comprehensive services to meet the needs of older persons and their caregivers.

The leadership and coordination of services delivered to the Native American Tribes in North Dakota is to be commended. North Dakota is the only State that actively involves Tribes in the State planning process.

The U.S. Administration on Aging Denver Regional Office staff and I look forward to working with you in the implementation of the State Plan. Should you have questions or concerns, please do not hesitate to contact us.

I appreciate your dedication and commitment toward improving the lives of older persons in North Dakota.

Sincerely,

Josefina G. Carbonell
Assistant Secretary for Aging

TABLE OF CONTENTS

Purpose and Overview.....	ii
Section I.	1
Verification of Intent.....	2
State/Area Agency Designation	3
Mission Statement/Guiding Principles	4
Administration and Planning	5
Organizational Chart – Department of Human Services	8
Organizational Chart – Aging Services Division	9
Regional Human Service Centers/Staff.....	10
Governor’s Committee on Aging	11
Section II.	12
Development of the State Plan.....	13
Demographic Information	15
State Plan on Aging Hearing Results	22
Section III.	28
State Plan Assurances and Required Activities	29
Section IV.	40
Program Plan	41
Focus Area I: Community-Based Services	46
Focus Area II: Healthy Aging.....	54
Focus Area III: Caregiver Support Services	58
Focus Area IV: Elder Rights	61
Focus Area V: Advocacy	65
Focus Area VI: Program Management	68
Section V.....	71
Projected FFY 2007 Funding Allocation Plan.....	72
Older Americans Act Services.....	73
North Dakota Family Caregiver Support Program	74
Ombudsman/Vulnerable Adult Protective Services	75

PURPOSE AND OVERVIEW

The North Dakota State Plan on Aging covers the four-year period from October 1, 2006 through September 30, 2010 (Federal Fiscal Years 2007, 2008, 2009, and 2010). Required by the Older Americans Act, the Plan serves as a planning and compliance document for the provision of services for North Dakota's older individuals.

The document is presented in the following sections:

Section I includes the following: Verification of Intent, State/Area Agency Designation, the Department of Human Services Mission Statement and Guiding Principles, and the Administration and Planning.

Section II presents information on the development of the State Plan on Aging. The section addresses demographic information. Also included is information from the Department of Human Services stakeholder meetings and the State Plan input hearings.

Section III outlines the State Plan Assurances.

Section IV outlines the Program Plan. It includes an overview of programs, services and service delivery. Objectives and strategies for the Administration on Aging's Strategic Action Plan 2003-2008 Program Goals are outlined.

Section V presents the projected FFY 2007 Funding Allocation Plan. Also presented is an overview of statistical data from Federal Fiscal Year 2005 Title III and Title VII services.

SECTION I

VERIFICATION OF INTENT

The North Dakota Department of Human Services, Aging Services Division, hereby submits the North Dakota State Plan on Aging for the period of October 1, 2006 through September 30, 2010. Aging Services Division has been given the authority to develop and administer the State Plan on Aging in accordance with all the provisions of the Older Americans Act, as amended. The Plan, as submitted, establishes direction for the coordination of all State activities related to the Act, including the development of comprehensive and coordinated system for the delivery of supportive services, including multipurpose senior centers, and nutrition services, and to serve as an effective and visible advocate for older individuals in North Dakota.

The Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

The Plan, as submitted, has been developed in accordance with all Federal statutory and regulatory requirements.

Date

Carol K. Olson, Executive Director
Department of Human Services

Date

Linda Wright, Director
Aging Services Division

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

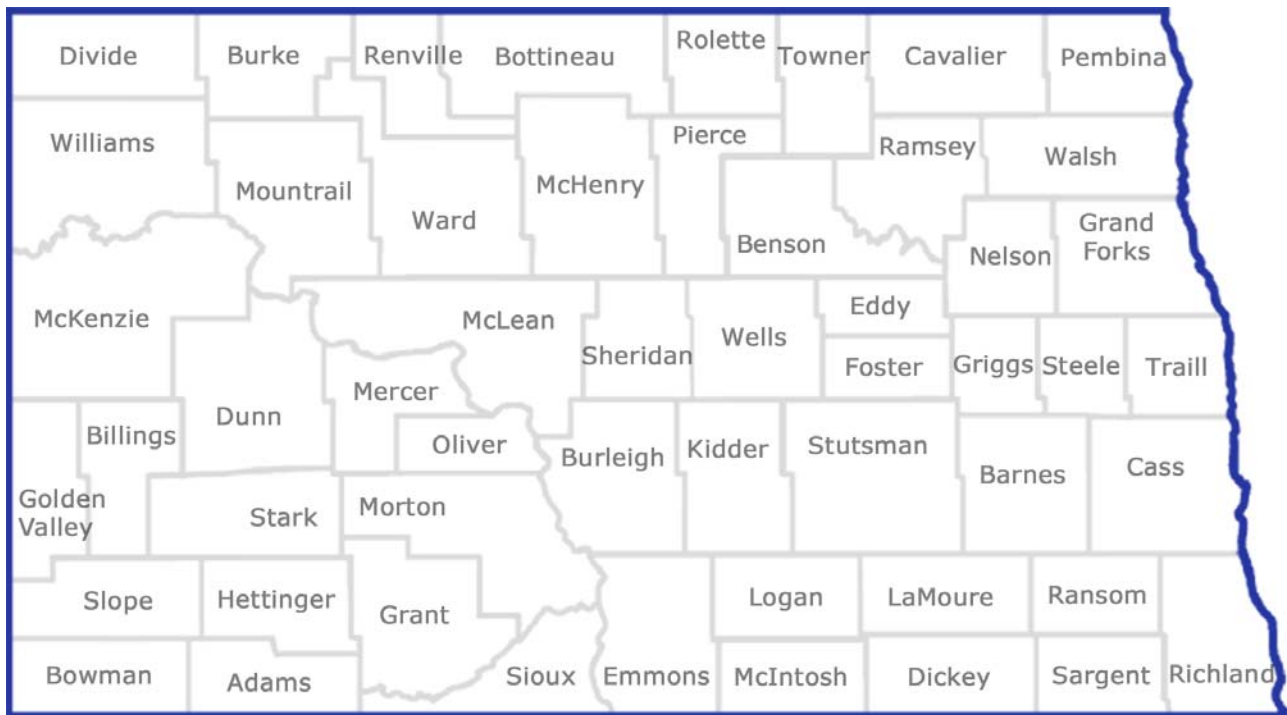
Date

John Hoeven, Governor
State of North Dakota

STATE/AREA AGENCY DESIGNATION

Reference: Older Americans Act Section 305(b)(5)(A)

The State of North Dakota is designated as a single planning and service area covering all older individuals in the State. The State Agency will perform the functions of the Area Agency on Aging.



DEPARTMENT OF HUMAN SERVICES MISSION STATEMENT

Our mission is to provide quality, efficient, and effective human services, which improve the lives of people.

Aging Services Division will, in a leadership role, advocate for individual life choices and develop quality services in response to an aging society.

DEPARTMENT OF HUMAN SERVICES GUIDING PRINCIPLES

Guiding Principle #1: The Department of Human Services has the responsibility to serve our state's most vulnerable people.

Guiding Principle #2: Planning, evaluation, budgeting and best practices regarding service delivery and allocation of resources are data-driven, evidence-based, and results oriented.

Guiding Principle #3: Essential core services are based on individual needs with full consumer involvement and aimed at optimizing self-sufficiency and independence.

Guiding Principle #4: Local and natural support systems will be fully engaged and partnerships generated to maximize resources and efficiency.

Guiding Principle #5: Services will be designed to accommodate specific regional needs, with resources allocated in cost effective manner to create alternative solutions to reach rural and urban populations.

ADMINISTRATION AND PLANNING

The Older Americans Act requires states to develop a comprehensive and coordinated system of home and community-based services that allows older individuals to lead independent, meaningful, and dignified lives in their own homes and communities. Planning for the development and delivery of services involves the entire aging network - an interconnected structure of federal, state and local agencies.

The Aging Network - Federal Level

The United States Department of Health and Human Services, Administration on Aging is the federal agency responsible for policy development, to serve as the advocate for older individuals at the national level, and to oversee the development of a comprehensive and coordinated system of care that will enable older individuals to remain at home and participate fully in community life. The Administration on Aging administers various grant programs, including grants to states for the development of services under the Older Americans Act.

The Administration on Aging Strategic Action Plan includes the following four program goals:

1. Increase the number of older people who have access to an integrated array of health and social supports.
2. Increase the number of older people who stay active and healthy.
3. Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.
4. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect, and exploitation.

As required, strategies for implementation of the program goals are included in State Plan on Aging.

The Aging Network - State Level

The North Dakota Department of Human Services, Aging Services Division is the designated State Unit on Aging. North Dakota Century Code Chapter 50-06-01.4-3 provides legal authority for Aging Services Division to administer programs and services funded under the Older Americans Act. The Division develops the State Plan on Aging; develops and administers the funding allocation plan for statewide distribution of Older Americans Act program funds; develops requests for proposals and/or project plans and determines requirements specific to each contract; monitors contracts; provides technical assistance to contract entities and service providers; provides or arranges for education and training; reviews/implements laws, regulations, and policies; and serves as an advocate for and on behalf of older individuals. The Division also administers

licensure of adult family foster care homes and the North Dakota Telephone Equipment Distribution Service. The Division is currently administering an Administration on Aging Alzheimer's Disease Demonstration Grant, a Centers for Medicare and Medicaid Real Choice Rebalancing Grant, and a training grant for qualified service providers. Effective July 1, 2006, Governor John Hoeven designated the Department of Human Services, Aging Services Division to administer the Senior Community Service Employment Program (SCSEP) in accordance with the SCSEP State Plan and Assurances.

In January 2006, the responsibility for administering the state funded home and community-based services and services provided under the Medicaid waivers was assigned to the Medical Services Division. This internal management decision was made to consolidate the expertise, focus, and effort regarding Medicaid waivers from Medical Services, Aging Services, and Disabilities Services under one Division. Staff from Aging Services Division continues active participation in the home and community-based services team meetings. All Divisions work together, along with other state agencies, long term care facilities, and community partners to ensure development of a continuum of care that addresses client need.

The organizational chart for the Department of Human Services is located on page 8; the organizational chart for Aging Services Division is located on page 9.

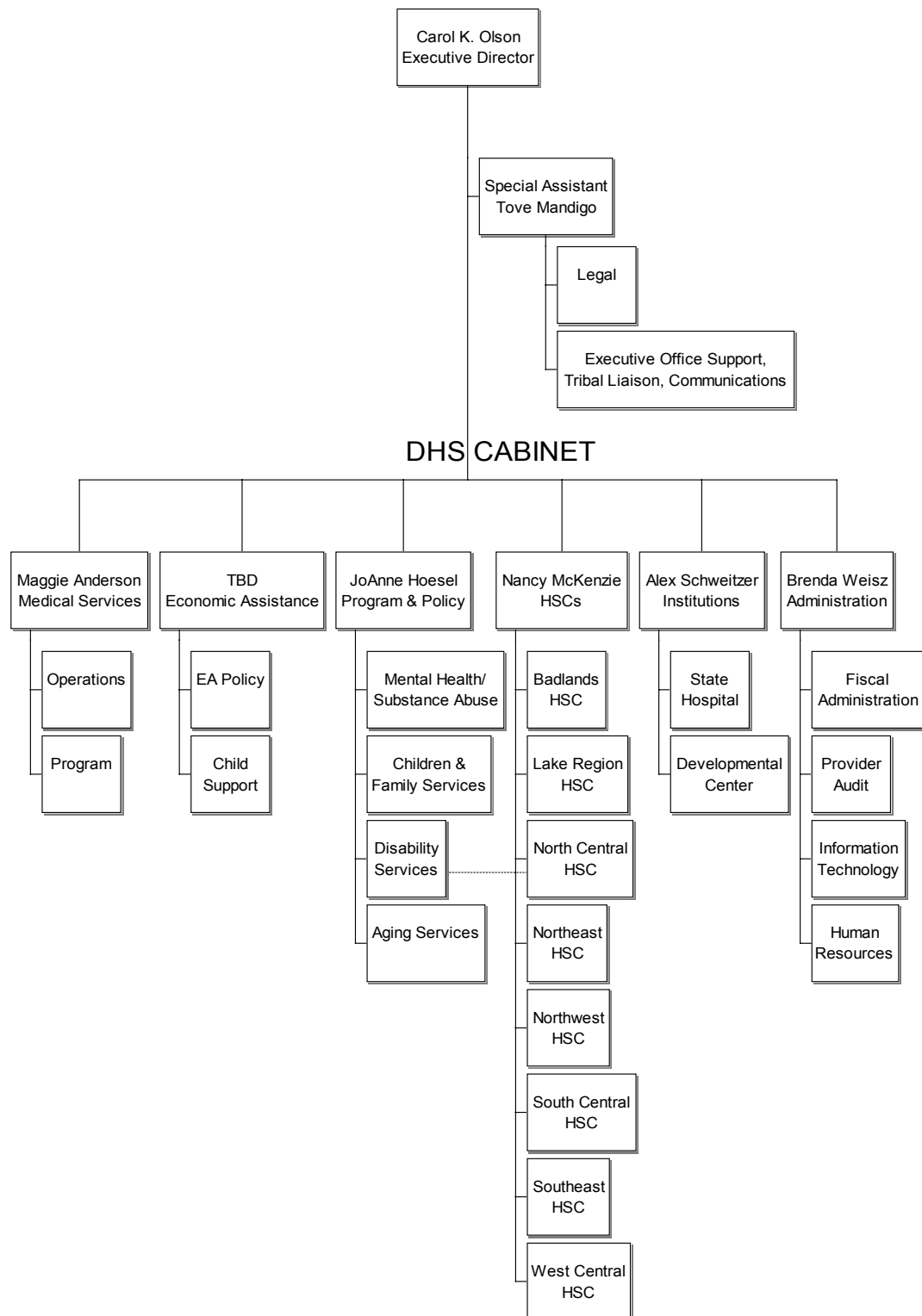
There are eight regions designated within the State. Each region has a recognized regional Human Service Center that has been designated as a focal point. Regional staff are supervised at the regional level but work directly with Aging Services Division to implement the State Plan. Staff includes the Regional Aging Services Program Administrators who assist in program planning, implementation, assessment, supervision and are visible advocates for and on behalf of older individuals; Regional Ombudsmen who carryout ombudsman activities; Adult Protective Services staff who address issues of abuse, neglect and/or exploitation; and Family Caregiver Coordinators who implement caregiver support services. A listing of the eight regions, counties served, human service centers, and regional staff is located on page 10.

Section 306(a)(6)(D) of the Older Americans Act requires the State/Area Agency to establish an advisory committee to further the mission of developing and coordinating community-based systems of care for older individuals. The Governor's Committee on Aging is the designated advisory committee for Aging Services Division. Members of the committee are appointed by the Governor to serve three-year terms. There are currently 14 members; membership includes representation from each of the American Indian Reservations and Indian Service Area. The Governor's Committee on Aging co-sponsors the Graying of North Dakota (GoND) Coalition and conducts periodic Governor's Forums on Aging. The GoND Coalition and the forums provide mechanisms to address major issues affecting North Dakota's older individuals. A listing of the members of the Governor's Committee on Aging is located on page 11.

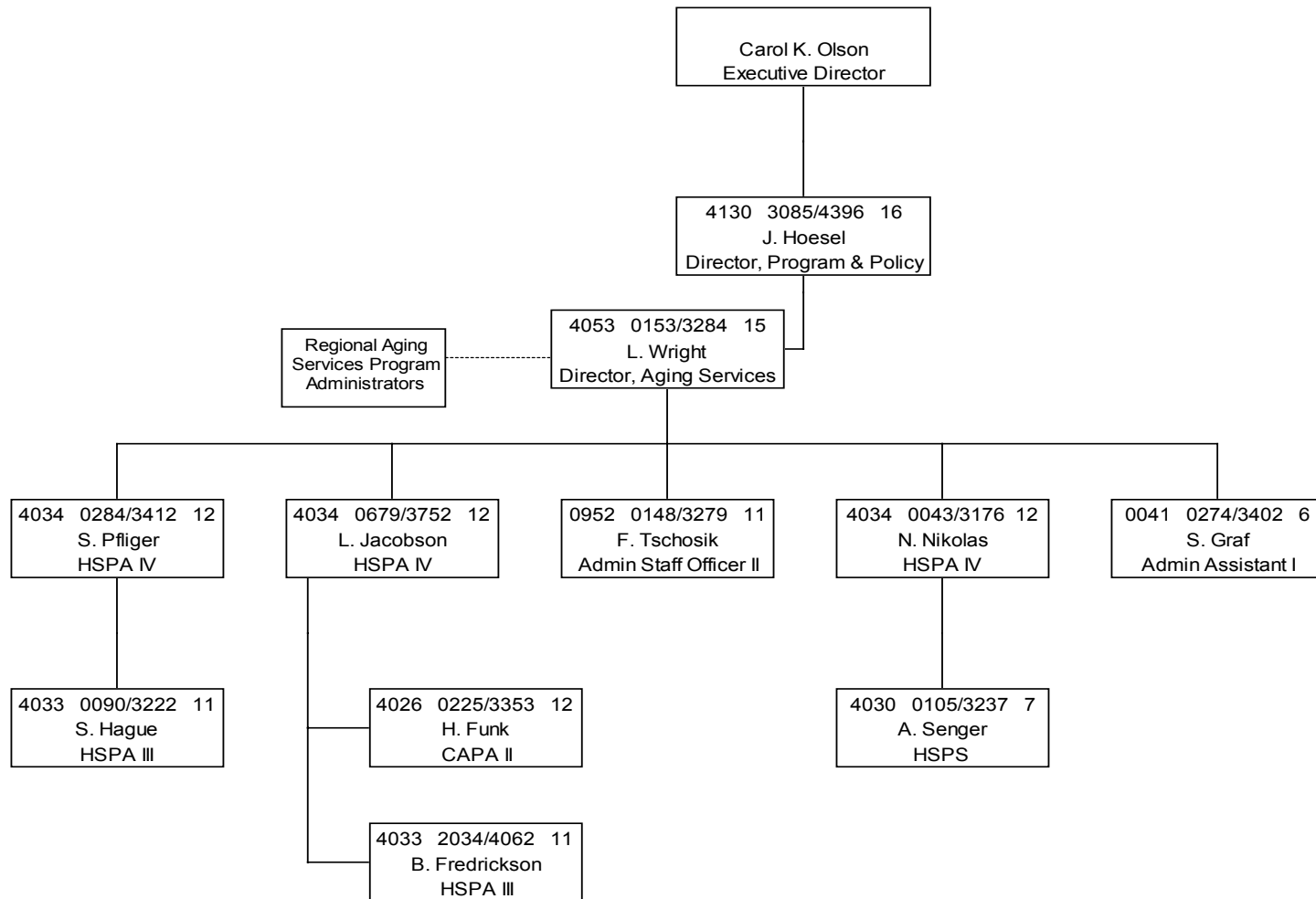
The Aging Network – Local Level

The local level of is often referred to as the ‘grassroots’ of the Aging Network. Comprised of service providers, advocates, and volunteers, the local level plays a vital role in assuring the availability and provision of needed services. The local level provides the ‘citizens voice’ in advocating for issues affecting older individuals.

**North Dakota Department of Human Services
Organizational Chart - Effective 01/02/2006**



**North Dakota Department of Human Services - Aging Services Division
Organizational Chart - Revised 01/18/06**



REGIONAL HUMAN SERVICE CENTERS Regional Aging Services Program Administrators (RASPA) Regional Ombudsmen Caregiver Coordinators	
Region I – Divide, McKenzie, Williams Counties Northwest Human Service Center 316 2 nd Avenue W, Williston, ND 58802 701.774.4600 or 1.800.321.7724 Karen Quick, RASPA & Caregiver Coordinator	Region V – Cass, Ransom, Richland, Sargent, Steele, Traill Counties Southeast Human Service Center 2624 9 th Avenue SW, Fargo, ND 58103 701.298.4500 or 1.888.342.4900 Sandy Arends, RASPA Bryan Fredrickson, Regional Ombudsman LeAnne Thomas, Caregiver Coordinator
Region II – Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, Ward Counties North Central Human Service Center 400 22 nd Avenue NW, Minot, ND 58703 701.857.8500 or 1.888.470.6968 MariDon Sorum, RASPA Michelle Jacob, Regional Ombudsman Theresa Flagstad, Caregiver Coordinator	Region VI – Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, Wells Counties South Central Human Service Center 520 3 rd Street NW, Jamestown, ND 58402 701.253.6300 or 1.800.260.1310 Russ Sunderland, RASPA Carrie Thompson-Widmer, Caregiver Coordinator
Region III – Benson, Cavalier, Eddy, Ramsey, Rolette, Tower Counties Lake Region Human Service Center 200 Highway 2 SW, Devils Lake, ND 58301 701.665.2200 or 1.888.607.8610 Donna Olson, RASPA Kim Helten, Regional Ombudsman & Caregiver Coordinator	Region VII – Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, Sioux Counties West Central Human Service Center 1237 West Divide Avenue, Bismarck, ND 58501 701.328.8888 or 1.888.328.2662 Cherry Schmidt, RASPA Judy Tschider, Caregiver Coordinator
Region IV – Grand Forks, Nelson, Pembina, Walsh Counties Northeast Human Service Center 151 S 4 th Street, Grand Forks, ND 58201 701.795.3000 or 1.888.256.6742 Patricia Soli, RASPA RaeAnn Johnson, Caregiver Coordinator	Region VIII – Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark Counties Badlands Human Service Center 200 Pulver Hall, Dickinson, ND 58601 701.227.7500 or 1.888.227.7525 Mark Jesser, RASPA & Regional Ombudsman Michelle Sletvold, Caregiver Coordinator

06/28/2006

GOVERNOR'S COMMITTEE ON AGING

<p>Mr. Frederick Baker – Chairman Box 909 New Town, ND 58763 (701) 627-4593 (H) fbaker@restel.net 10/01/01 – 09/30/07</p>	<p>Mr. Marty Heller 1661 60th Avenue SW Beulah, ND 58523 (701) 873-6580 jita@westriv.com 07/01/02 – 07/01/08</p>
<p>Ms. Amy Clark – Vice-Chair 3400 Arrow Avenue Bismarck, ND 58504 (701) 223-8659 amyclark@extendwireless.net 07/01/01 – 06/30/07</p>	<p>Mr. Jake Dosch 1335 Chautauqua Boulevard Valley City, ND 58072 (701) 845-4537(H) (701) 845-1602 (W) valleyrealty@valleyrealty.com 07/01/03 – 06/30/06</p>
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<p>Ms. Shirley Blake – Historian 2313 26th Avenue South Fargo, ND 58103 (701) 293-9953 harbla@msn.com 07/01/02 – 07/01/08</p>	<p>Mr. Kelly Wentz 1913 29th Avenue South Fargo, ND 58103-6729 (701) 232-8622 (W) (701) 280-2582(H) safemoney@gmail.com 07/01/04 – 06/30/07</p>
<p>Ms. Betty Keegan Box 444 Rolla, ND 58367 (701) 477-3637 keeganbetty@hotmail.com 10/01/01 – 9/30/07</p>	<p>Ms. Gloria Left Hand Box 77 St Michael, ND 58370 (701) 766-1244 (W) (701) 766-4315(H) healthy@stellarnet.com 10/01/01 – 09/30/07</p>
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<p>Ms. Mary Grosz 1038 2nd Avenue NW Hazen, ND 58545-4805 (701) 748-2258 mgrosz@westriv.com 07/01/02 – 07/01/08</p>	<p>Ms. Theola Stetson 207 Fourth Street West Taylor, ND 58656 (701) 974-3643 oldhat@pop.ctctel.com 05/26/04 – 10/01/08</p>

06/28/2006

SECTION II

DEVELOPMENT OF THE STATE PLAN

Aging Services Division considered a variety of information in the development of the North Dakota State Plan on Aging.

Formal planning for the development of the plan began in June 2005. *An Aging North Dakota Baby Boom Becomes Senior Boom*, authored by Henry Lebak, Research Analyst, Department of Human Services, presents demographic data and a synopsis of the following surveys: 1) The North Dakota Survey of Elders: 2002 – funded by a grant through the North Dakota Department of Human Services and conducted by the University of North Dakota Center for Rural Health, School of Medicine and Health Sciences; 2) Needs Assessment of Long Term Care in North Dakota: 2002 – an extension of the North Dakota Survey of Elders: 2002, a collaborative effort of the State Data Center at the North Dakota State University and the Center for Rural Health at the University of North Dakota; and 3) The Informal Caregivers: 2002 Outreach Study – a combined effort between the State Data Center and the Child Development and Family Science Department at the North Dakota State University, the Center for Rural Health at the University of North Dakota, and the Department of Human Services, Aging Services Division. The demographic data, obtained from the United States Census Bureau and the State Data Center, is presented on pages 15-21. The document, *Report – An Aging North Dakota – Demographic Information*, can be viewed in its entirety, on the Department's website at <http://www.nd.gov/humanservices/info/pubs/docs/2006-aging-state-plan-demographic-trends.pdf>.

In January and February of 2006, the Department of Human Services invited clients, the public, advocates, and providers to participate in stakeholder meetings that were held in each of the eight regions of the state. The meetings were organized to engage stakeholders in a discussion about community service needs, service capacity, and resources in order to identify broad areas of interest and to seek ideas and recommendations from the Department's partners. Although each region had specific concerns, common themes emerged. The *Executive Summary of the 2006 Public Stakeholder Meetings* can be viewed on the Department's website using this link: <http://www.nd.gov/humanservices/info/pubs/docs/2006-public-stakeholder-mtg-exec-summary.pdf>. A Chart Summary of Public Stakeholder Comments is available upon request.

In April of 2006, thirteen State Plan input hearings were held in each of the state's eight regions, four Indian reservations and one Indian service area. A total of 507 individuals attended the hearings. Information was presented on the administrative changes within the Aging Services Division; the 'graying' of North Dakota; the Healthy North Dakota initiative; Older Americans Act funding including re-directing funding for transportation to other Older Americans Act services; current service provision, including ombudsman and vulnerable adult protective services, within each of the regions/reservations; and information on the Governor's Committee on Aging. Input documents were used to solicit comments from participants. Input for the Medicaid Waiver Planning Project was also solicited via a separate input document. Older Americans Act nutrition service providers and county social services home and community-based case managers distributed the

input documents to homebound clients. A total of 895 State Plan input documents were received. A summary of the statewide results is presented on pages 22-27. Results by region and American Indian reservations/Indian service area can be viewed on the Department's website in the document *Public Hearing Results Report – North Dakota State Plan on Aging (2006)* at <http://www.nd.gov/humanservices/info/pubs/docs/2006-oaa-state-plan-hearing-final-report.pdf>.

A draft copy of the State Plan on Aging was available for review and comment through the Department's website.

Demographic Information

from “An Aging North Dakota Baby Boom Becomes Senior Boom”, June 2005
Henry Lebak, Research Analyst, ND Department of Human Services

The population of the world, of the United States, and of North Dakota is aging. It has been predicted by the United Nations that in 50 years, if current trends continue, one out of every three people in the world would be older than 60. Those predicted two billion seniors would outnumber the world's youth.

In the United States, according to the U.S. Census Bureau, 35.0 million people 65 years and older were counted in the 2000 Census. This number is estimated to have increased to nearly 36 million in 2003. In 2000, 5,574 Americans celebrated their 65th birthday every day.

With 14.7 percent in 2000, North Dakota was one of only nine states where persons 65 and older constituted 14.0 percent or more of their total populations. This percentage is estimated to have increased to 14.8 percent in 2003. Florida has the nation's largest proportion of persons 65 and older at 16.8 percent. Both North Dakota and Florida are well ahead of the national figure of 12.4 percent. (***Older Americans Report***, April 8, 2005)

As shown in Table 1, the people 60 and over increased by over 10 percent during the past 23 years while those 60 to 74 have decreased by over 7 percent during the same time period. The people in the age cohort 75 to 84 have increased by more than one-third (34.4 percent) since 1980.

What is astounding is the increase in the number of the oldest old – those 85 and older. Like the United States, North Dakota's oldest old population showed the highest percentage increase – nearly 100 percent since 1980. In fact North Dakota, not Florida, leads the way when it comes to the proportion of people 85 and older at 2.6 percent. (***Older Americans Report***, April 8, 2005)

How can the numbers in Table 1 be explained? There are many possible reasons for the increases: improved healthcare including preventative care; improved nutrition; improved hygiene; improved public health; less labor intensive work; and so forth. How can the decrease in the 60 to 74-age cohort be explained? One explanation might be that when people reach retirement age, they move to other parts of the United States such as the “Sun Belt” states. Another explanation may be related to the times they were born. The individuals aged 60 to 74 in 2003 were born from 1929 to 1943; this time period encompassing the Great Depression beginning with the stock market crash in 1929 and extending to the middle of World War II. When times are prosperous babies are born; when times are lean and when many men are absent fewer babies are born.

According to the North Dakota State Data Center, 2020 will bring major changes in the demographics of North Dakota. The Center is projecting that the population age 60 and over will increase by 63.1 percent from 2000 to 2020. (Table 2)

It must be advised that population projections, according to the State Data Center, are mathematical calculations that illustrate what the population will be in the future if specific assumptions persist throughout the projection period. Although information depicting North Dakota's resident population is relatively accurate, the ability to forecast substantial changes is a socio-economic or demographic process that may alter current population trends is tenuous at best according to the State Data Center. What would happen to the projections if, in the next ten years, cures were found for cancer and/or Alzheimer's Disease or ways to prevent the onslaught of diabetes or heart disease? Because of this fact, it is wise to utilize these projections with caution. They should not be viewed as the sole element in planning or decision-making, rather as only one tool in the process.

Table 1
North Dakota Population by Age Cohort
Source: North Dakota State Data Center

AGE	1980 CENSUS (652,717)	1990 CENSUS (638,800)	2000 CENSUS (642,200)	2003 ESTIMATE (633,840)	PERCENT CHANGE FROM 1980 TO 2003	PERCENT OF TOTAL ESTIMATED 2003 POPULATION
65+	80,445	91,055	94,478	93,837	+16.7%	14.8%
60+	108,387	118,195	118,985	119,636	+10.4%	18.9%
60-74	75,089	74,799	70,408	69,700	-7.2%	11.0%
75-84	25,158	32,244	33,851	33,820	+34.4%	5.3%
85+	8,140	11,152	14,726	16,116	+98.0%	2.6%
Median Age	28.1	32.4	36.2	-----	-----	-----

Table 2
North Dakota Population Projections by Age Cohort
Source: North Dakota State Data Center

AGE	2000 CENSUS (642,200)	2003 EST. (633,840)	2005 PROJ. (640,200)	2010 PROJ. (645,325)	2015 PROJ. (648,972)	2020 PROJ. (651,291)	PROJ. % CHANGE 2000- 2020
65+	94,478	93,837	97,771	110,229	127,263	149,566	+58.3%
60+	118,985	119,636	124,043	144,137	168,978	194,002	+63.1%
60-74	70,408	69,700	70,503	83,283	102,400	120,744	+71.5
75-84	33,851	33,820	38,251	42,027	43,918	49,000	+44.8%
85+	14,726	16,116	15,289	18,827	22,660	24,258	+64.7%

According to the State Data Center, three leading trends are seen to influence the state's current population and comprise the underlying assumptions used to project future populations within North Dakota: rural depopulation, out-migration of young adults, young families, and an increasing proportion of older individuals.

For decades rural residents have been migrating to larger cities within the state. This movement has been due to better employment opportunities, increased health care availability, closer proximity to family and friends, etc. This trend of residential consolidation in North Dakota is not unlike that which is occurring throughout the Great Plains.

In the last decade, population growth has occurred largely in the metropolitan counties (Burleigh, Cass, Grand Forks and Ward) as well as the reservation counties (Rolette and Sioux). In fact, only six of the state's 53 counties grew between 1990 and 2000 (20 percent in Cass, 15 percent in Burleigh, 8 percent in Sioux, 7 percent in Rolette, and 2 percent in Ward). The long-term trend of net-outmigration is expected to continue. Thus, the majority of counties will continue to lose population. Currently, more than half of the 53 counties in the state have a population base below 5,000 residents. By 2020, it is projected that nearly half of the counties will have a population base below 4,000 residents (many of which will be older residents). (State Data Center)

In addition to the general trend of rural depopulation, another significant pattern that will have a major consequence on the future of the North Dakota's population is the out-migration of young adults and young families. This out-migration of young North Dakotans is not a recent phenomenon. It has been happening since the Homestead Act of the late 1800's and early 1900's. Young people, and many with families, left the state when they either met the Homestead Act requirements for their land and either rented out the land or sold it to a neighboring farmer or were unable to meet the requirements due to many reasons including the weather, insects or loneliness.

Out-migration continued during the Great Depression of the 1930s when the drought and economic recession forced people to seek employment in other states – mainly California. During World War II, young people, primarily women, left the state to work in war-supporting industries primarily on the two coasts. Soldiers returning home from the War often did not return to their homes in North Dakota but migrated to states such as Oregon, Washington, Colorado and California. During the farm recession of the 1980s, many farm families either sold or rented out their farms and migrated to other states in search of new careers.

But the loss of residents in their twenties and early thirties has increased markedly over the past two decades. This trend has created an age imbalance that is very evident when examining population pyramids. The pyramids, particularly for the rural counties, are top heavy with many older residents and fewer children and working age (tax paying) residents. This loss of young adults means that there will be fewer parents of childbearing age and therefore fewer children. When young people leave the state they take their children and future children with them. As a result, the number of children (future tax payers and future care providers) will consistently decline for the majority of the counties in North Dakota over the next 20 years. (State Data Center)

The third significant trend is the increasing proportion of older residents. In 1980, 12.3 percent of the state's population base was 65 and older; in 2000, the proportion had

increased to 14.7 percent. It is projected that by 2020 this proportion will be 23 percent or nearly one out of every four North Dakota residents. Further, 27 of the state's 53 counties had more than 20 percent of their population base 65 and older in 2000. As stated earlier, the national proportion of people 65 and older is only 12.4 percent.

In addition, North Dakota has the highest proportion in the nation of older residents 85 years and older (2.6 percent). These high proportions of elderly are due, in part, to modest net in-migration of seniors who are returning to the state to be close to family and friends. Elderly desiring to return to informal care networks, already a growing trend in population redistribution, will contribute to dramatically increase as the baby-boom population ages. If current trends continue, the number of people age 65 and older will grow by 58.3 percent over the next 20 years and will represent 23 percent of the state's population. Further, the number of the oldest old (85 and older) will grow by nearly two-thirds (64.7 percent) and will represent 3.7 percent of the state's population. (State Data Center)

These three demographic trends pose serious concerns for North Dakota. How will communities remain viable in the face of continued rural depopulation? How much will property taxes have to increase in order to make up decreased income taxes resulting from the increased numbers of "retired" North Dakota citizens? What will be the impact of increased property taxes on individuals living on fixed incomes? Will public and private entities continue to be able to provide physical, social and health care services to an ever shrinking and ever-aging population base in the majority of the state? Who will be the support providers in the state in the future? Will there be sufficient numbers of caregivers to meet the projected increased demand?

Population losses, which reduce community size, force remaining residents to face rising costs of, increased travel times to, and decreased availability of goods and services. Will communities and the state be able to ensure adequate healthcare in the face of rural hospital and clinic closings? What will be the impact of further school consolidations on communities across the state? Schools, post offices, and grain elevators tend to keep communities alive. How will communities address the impact of out-migration of young adults and children? Young adults provide the natural increase for a population base themselves and when they have children. Who will be the caregivers for the older population when their children migrate out of state?

Young adults also add vitality, new thoughts, and new ideas to their communities. They are also the next generation of workers. The loss of this "human capital" will have significant effects on the state. Are communities, counties and the state positioned to offer services to a growing older population? Do they have adequate and appropriate housing, healthcare, caregivers and transportation?

As mentioned several times, the older population has been growing and aging rapidly, with the fastest growing segment being those 85 and older. This oldest component is the most likely to need health care support as well as economic, social and physical support, which suggest that the state needs to critically examine changes in this population.

The projected aging of the population is due, in large part, to the Baby Boom cohort – those born from 1946 through 1964. In 2020, the Baby Boomer born in 1946 will be 74. The real surge of Baby Boomers into Senior Boomers will not arrive on the “service-need scene” until around 2030 when the oldest Baby Boomer will be 84. It is projected that service demand could skyrocket. According to the Administration on Aging, there will be about 70 million older persons in the United States by 2030; more than twice their number in 2000. People 65 and older that represented 12.4 percent of the population nationally in 2000 is projected to grow to 20 percent or one out of every five Americans by 2030. (State Data Center) Although 2030 population projections for North Dakota are not yet available, the trends indicate that the state’s proportion of older individuals will continue to be greater than the nation’s and, thus, it would seem logical that this future impact would even be greater in North Dakota.

As is well known, the availability of comprehensive health care and social services often poses problems in low-density, sparsely populated communities such as exists in nearly all of North Dakota with the exception of the four major population centers – Minot, Grand Forks, Fargo-West Fargo and Bismarck-Mandan. The sparseness of North Dakota’s population can best be described by using the term “frontier county.” A frontier county is defined as any county have a population of six or fewer persons per square mile. When considering the 2003 population estimates, 36 of the state’s 53 counties (67.9 percent) could be labeled as frontier counties. Statewide, there were 9.2 people per square mile with a range from a low of 0.6 people per square mile in Slope County to a high of 72.0 people per square mile in Cass County.

As would be expected, the number of people per square mile is greatly reduced when considering the state’s older population. When utilizing the 2003 population estimates, there were 1.4 individuals 65 and over per square mile in the state. Twenty-seven of the state’s 53 counties has less than one person age 65 and over per square mile. This fact makes provision of needed services a challenge.

The increased numbers of the older population, especially those 85 years and older, raises important social policy issues. The oldest old have the greatest need for long-term care services; however, Medicare, which provides significant health insurance coverage, offers only limited coverage for long-term services. Further, in addition to the relatively greater demand for services and low tax base, there are special problems of transportation, availability of facilities and resources, and delivery of services associated with the geographic dispersion and isolation of the state’s older population. (State Data Center)

Along with the rapid growth of the oldest old, the predominance of women at advanced age is a key phenomenon. In 1990, 68 percent of the population 85 and older was female. In 2000, the percent of women increased to 69 percent. Older women tend to have higher poverty rates than older men. At advanced ages, declining health, reduced income and widowhood may prompt many older women to move to the largest cities in the state, where the necessary health and social services are located or where relatives of the older population might live.

The aging North Dakota population has important implications for future community planning. First, declining health and possible loss of some independence of the older population can increase their need for health services, financial assistance, housing, and social support. Second, poverty in old age hits certain subgroups hardest, especially the oldest old, those living alone, and the most rural older residents. Third, the preponderance of women at advanced ages and their greater economic vulnerability are important issues in program planning. Several factors – including work history, family roles in caregiving, marital status, and changes in pension coverage – affect retirement income and the economic well being of older women. The older poor have less access to support services, housing, adequate nutrition, and transportation, and are apt to be less healthy than their wealthier counterparts.

Approximately two-thirds of the state's elderly (age 65 and over) live in the fourteen urban counties of the state. These fourteen counties account for 75 percent of the state's population. (North Dakota State Data Center)

The densest clusters of oldest old population reside in the major population counties including Cass, Burleigh, Grand Forks and Ward. Although the remaining counties have smaller numbers of this population group, the oldest old population in these counties face problems unique to areas of low density, geographic isolation, poorer available transportation, and varying economic bases. Access to health care services is problematic for sparsely populated areas. These areas are also less equipped to meet the needs of their older residents. Comprehensive, state-of-the-art medical care and facilities tend to be available only in the larger urban areas of the state. Traveling long distances to these medical centers may be feasible only for the younger and more affluent segment of this most rural older population.

North Dakota, like the entire Great Plains, is comprised mainly of farming and farm-dependent communities beset by older residents who are aging-in-place and the outmigration of young persons. Many of these communities have experienced the decline and departure of businesses and services, a fall in non-subsidy farm incomes, erosion of the tax base, and reduced services for the elderly (groceries, pharmacies, social activities, etc.).

The most rural communities in North Dakota are limited in public sector capacity. Local economic conditions will continue to affect the range of services available to older persons. Issues such as ease of access to services or low-density service provision are critical when considering the elderly in the counties without urban centers.

The leading edge of the baby boom population is currently entering the pre-retirement years. This means the state needs to prepare itself for a significant elderly growth boom. In 2000, 53,433 North Dakota residents were in the pre-retirement age category (i.e., ages 55-64). The number of pre-retirees in the state is expected to grow by nearly 23,000 people in less than ten years and by 32,250 people within 20 years. The number of pre-retirees in Burleigh County is expected to nearly double by 2020 and in Cass County it is expected to nearly triple. (State Data Center)

The growth of the population age 60 and older has posed and will continue to pose a major challenge to current government programs that support older people. Smaller family size, greater childlessness, and increased rate of divorce mean that many baby boomers will have fewer family resources to turn to in their old age. On the other hand, the economic circumstances of many in the baby boom generation may be better off than the present-day older persons at retirement, since greater proportions will have college degrees, formal labor market experience, and pension coverage.

With the projected increasing number of older persons, the need to provide services to this growing segment of the population will become more and more acute. The growth in the size of the elderly is associated with a major policy issue – the allocation of public resources. The older population requires a disproportionate level of services and share of the public budget. The combination of a growing elderly population, a relatively small working-age population, and the continuing low fertility means that only a relatively small number of persons of working age will be available to provide the services and fund the elderly need. The concentration of persons in the ages where chronic health problems are most common, in combination with the rise in the ratio of older dependents to workers (dependency ratio), may well overtax the supply of health and social services including staff.

North Dakota State Plan on Aging Public Hearing Survey – April 2006 Common Responses from Input Documents

HEALTHY AGING

In your opinion, does North Dakota need to expand activities to educate older individuals and persons with physical disabilities on the importance of healthy lifestyles?

If “Yes,” what should be included in that education campaign?

- ☐ Exercise (how-to, education)
- ☐ Nutrition (healthy eating, food choices, diet)
- ☐ Diabetes education
- ☐ Need more advertisements

MEDICAL

In your opinion, are North Dakota’s older individuals and persons with physical disabilities facing any problems with their medical care?

If “Yes,” please describe these medical care problems.

- ☐ Transportation to clinics out of town or out of state
- ☐ Cost of meds too high
- ☐ Help with taking medications
- ☐ Doctors and medical personnel need to take more time and show more respect
- ☐ Medicare part D is confusing
- ☐ Accessibility in remote areas
- ☐ Lack of choices
- ☐ High costs of nursing and assisted living facilities
- ☐ Overmedication, taking medicine that is not necessary
- ☐ Insurance is too high

TRANSPORTATION

In your opinion, are North Dakota’s older individuals and persons with physical disabilities facing any transportation problems?

If “Yes,” please describe these transportation problems.

- ☐ Lack of service on weekends and holidays
- ☐ Limited times of availability (appointments are running past bus times)
- ☐ More handicapped accessible vehicles
- ☐ Cost factor, can’t afford the service
- ☐ Rely on family and friends for rides
- ☐ Inadequate service in rural areas
- ☐ Having to walk too far to catch a bus/standing for long periods of time waiting for a bus
- ☐ Difficulty getting into vehicles (bus, vans, etc)

HOUSING

In your opinion, are North Dakota's older individuals and persons with physical disabilities facing any housing problems?

If "Yes," please describe these housing problems.

- ☐ Long waiting lists
- ☐ Need more handicapped accessible units
- ☐ Lack of affordable housing
- ☐ Not enough housing on ground level
- ☐ Need help with repairs/housekeeping
- ☐ More affordable assisted living facilities needed

NUTRITION

In your opinion, are North Dakota's older individuals and persons with physical disabilities facing any nutrition problems?

If "Yes," please describe these nutrition problems.

- ☐ Fresh fruits and vegetables are hard to afford
- ☐ Need encouragement to eat
- ☐ Not eating proper/balanced meals
- ☐ Home Delivered Meals is a great program
- ☐ Younger adults with disabilities don't qualify for congregate meals and have to pay full price
- ☐ People with diabetes aren't getting proper food
- ☐ Money goes towards meds, can't afford to buy "right" food

CAREGIVING

In your opinion, are caregivers (paid or non-paid) in North Dakota facing any problems in providing care to older individuals and persons with physical disabilities (related or not related)?

If "Yes," please describe these caregiver problems.

- ☐ A lot of work, little pay
- ☐ Need to be paid better
- ☐ Lack of caregivers
- ☐ Caregivers are burnt out
- ☐ Mileage should be reimbursed, high gas prices
- ☐ Need more respite

CONSUMER INFORMATION

In your opinion, do North Dakota's older individuals and persons with physical disabilities have any problems obtaining information about available services?

If "Yes," please described the problems encountered with obtaining information about available services?

- ☐ Don't know where to go for help
- ☐ Don't know what's available
- ☐ Don't think about services until they are needed
- ☐ Healthcare professionals need to be educated on what programs are available
- ☐ Too much reliance on the Web – many older individuals do not have access

OMBUDSMAN

In your opinion, are North Dakota's older individuals and persons with physical disabilities facing any problems with the Ombudsman services?

If "Yes," please describe these problems with Ombudsman services.

- ☐ Don't know what this is/who is the service for
- ☐ Need more ombudsman and volunteer ombudsman

ABUSE/NEGLECT

In your opinion, are North Dakota's older individuals and persons with physical disabilities facing abuse and/or neglect problems?

If "Yes," please describe these problems with abuse and/or neglect.

- ☐ People take advantage of the elderly
- ☐ Neglect by family members and caregivers
- ☐ Lack of care
- ☐ Financial exploitation
- ☐ Victims are scared to report any abuse/neglect

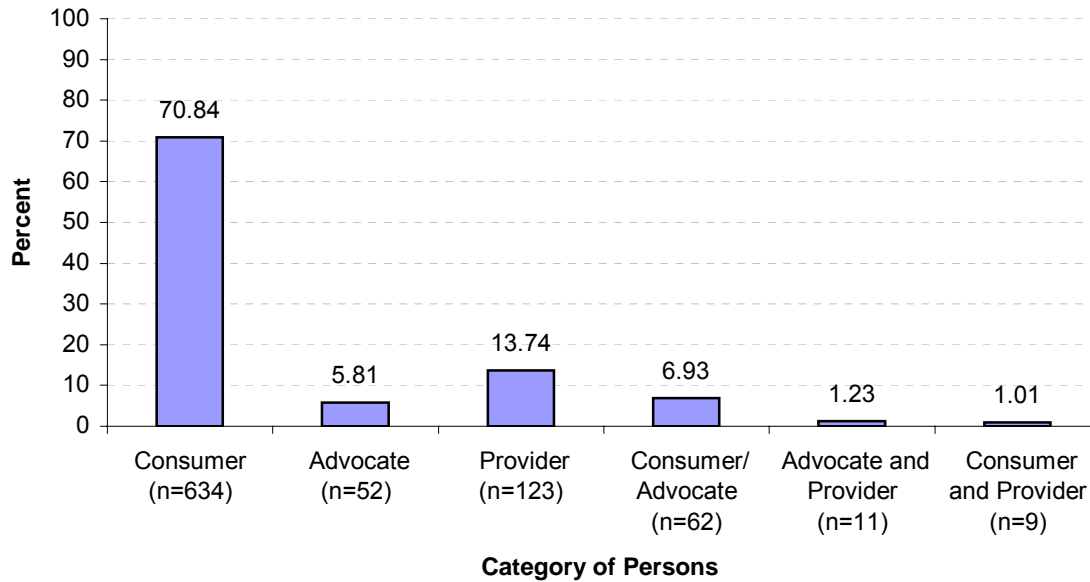
OTHER COMMENTS:

- ☐ Need for assistive devices statewide
- ☐ Concern regarding fee for transportation services rather than a donation
- ☐ Need for additional mental health services for older individuals
- ☐ Single point of entry would be beneficial
- ☐ Positive comments regarding the Alzheimer's project
- ☐ Positive comments regarding the caregiver program
- ☐ Comments expressing satisfaction and "thanks" for the services being provided

Statewide

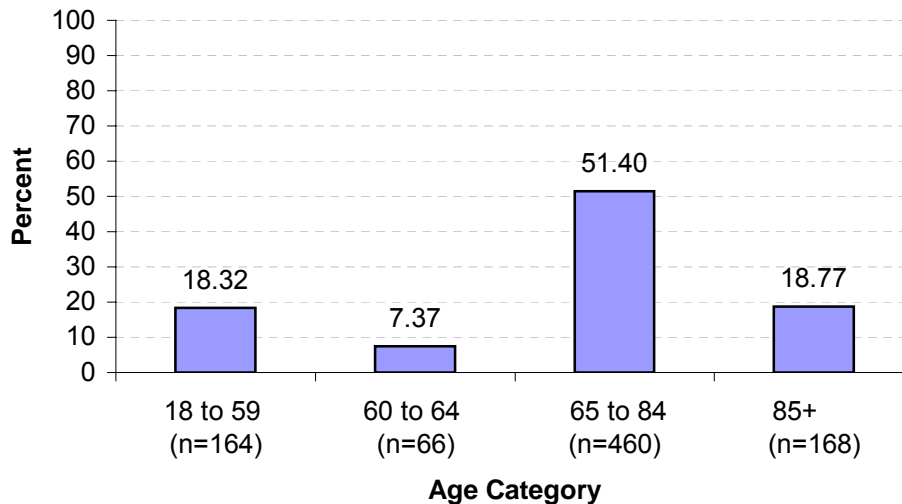
The following graphs give an overview of the respondents on a statewide level. The total number of respondents is given in the heading of each graph, while the number of persons reporting each response follows the category title.

Percent of Persons Completing Survey by Category, n = 895



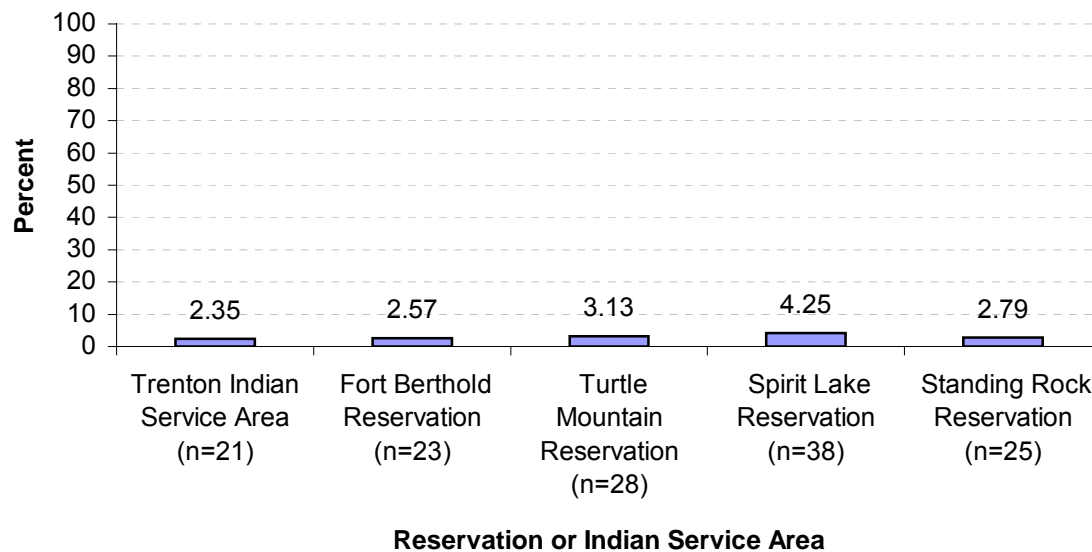
The majority of respondents to the survey fell into the “Consumer” category, with 70.84%. Eleven respondents (1.23%) reported that they were both an advocate and a provider, while nine (1.01%) reported being both a consumer and a provider.

Percent of Persons by Age Category, n = 895



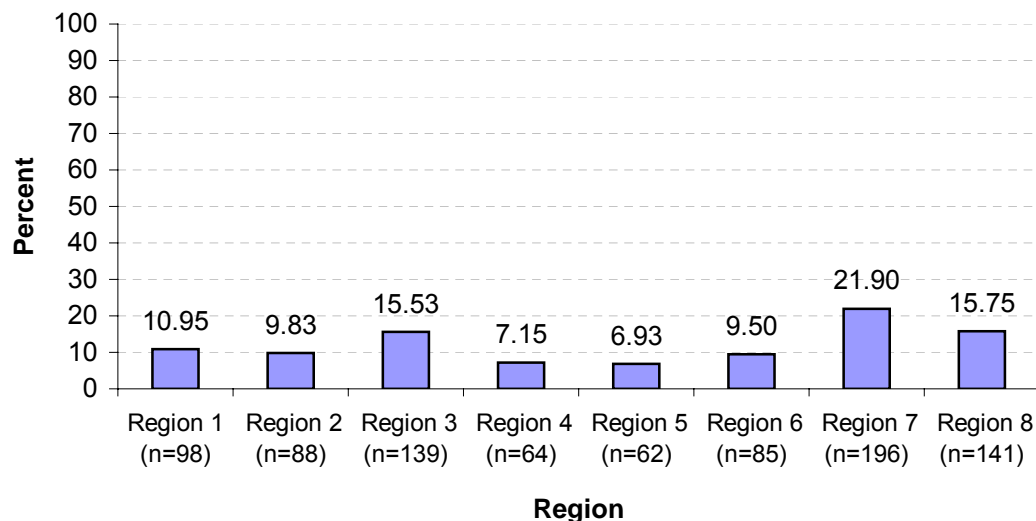
Approximately half of all respondents (51.4%) were between 65 and 84 years old, the highest percentage of any age group. There were no respondents under the age of 18.

Percent of Persons from Reservations or Indian Service Areas, n = 895



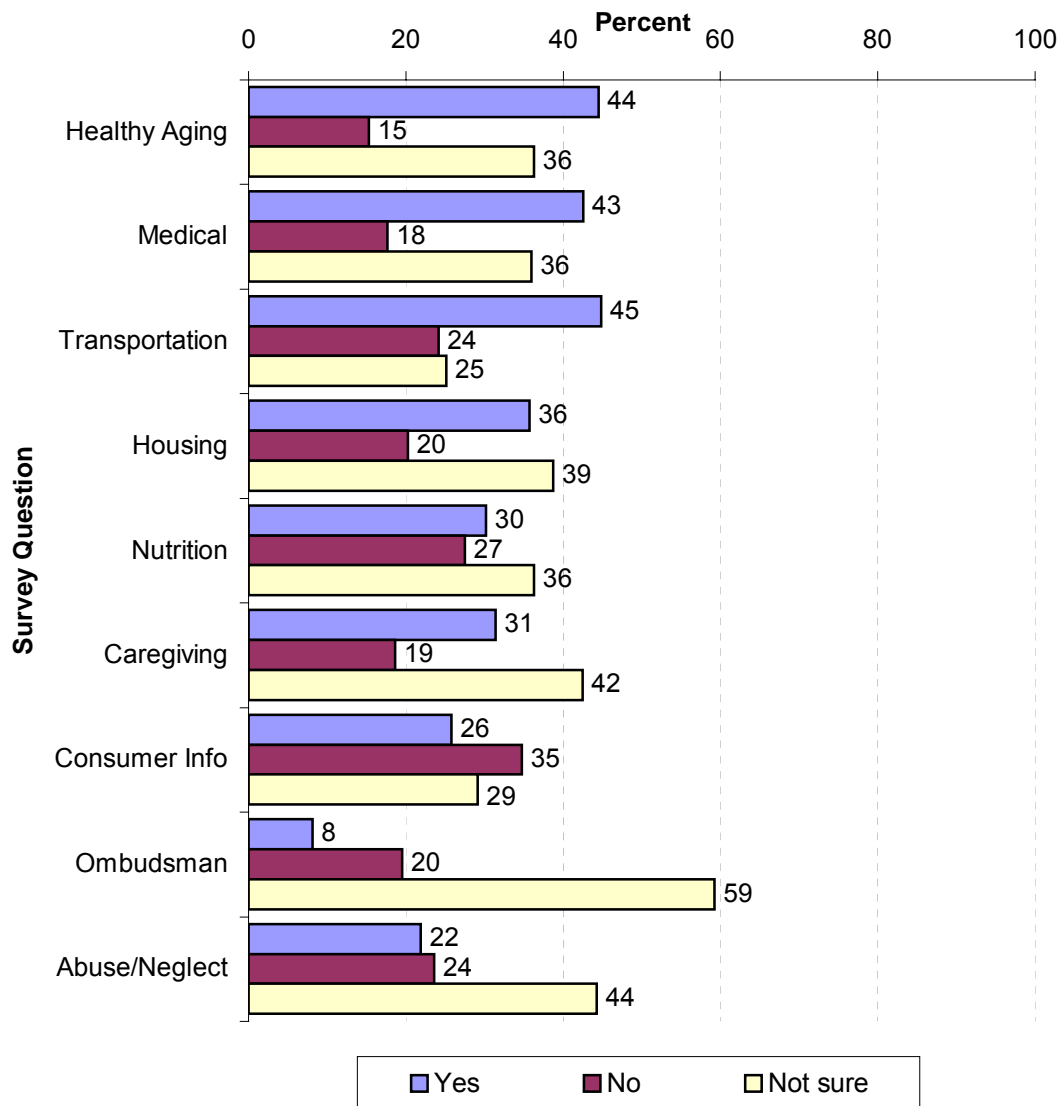
Of the 895 respondents, 135 (15.08%) reported residing on a reservation or in an Indian Service Area. Spirit Lake Reservation had the highest percentage with 4.25% of respondents, followed by Turtle Mountain Reservation, with 3.13%.

Percent of Persons from Each Region, n = 895



Region 7 had the highest number of respondents, with 21.90% of the total. The fewest came from Region 5, with 6.93%. Twenty-two respondents (2.46%) did not report a county or reservation/Indian Service Area of residence.

Percent of Each Answer to Survey Questions Statewide, n = 895



There were three questions to which respondents answered “yes” more than “no” or “not sure.” These questions were Healthy Aging (44%), Medical (43%), and Transportation (45%). Only one question had a higher percentage of “no’s” than either “yes” or “not sure” – Consumer Information (35%). More respondents reported “not sure” than either “yes” or “no” on a number of questions, including Ombudsman, where 59% chose “not sure,” the highest percentage of “not sure’s” reported. The next highest was Abuse/Neglect, with 44%.¹

¹ The percents in the graph above may not add up to 100% for each question. The difference can be attributed to the number of respondents who did not answer that particular question (i.e. the number that would fall into the “missing” category).

SECTION III

Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2000

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

Sec. 305(a)- (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

- (A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will--

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English-speaking ability; and
- (VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including--

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area--

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on

- (A) older individuals residing in rural areas;
- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

- (23) The plan shall provide assurances that demonstrable efforts will be made--
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
 - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a), STATE PLANS

- (1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

- (2) The State agency:
 - (A) evaluates, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
 - (B) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need;
- (4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas. *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*
- (5) The State agency:
 - (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
 - (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
 - (C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.
- (6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

-Original signed-

7/24/2006

Linda Wright, Director
Aging Services Division

Date

SECTION IV

PROGRAM PLAN

The Department of Human Services, Aging Services Division, receives an annual allotment of funds under Title III and Title VII of the Older Americans Act to provide for services to individuals age 60 and older. With finite resources and an increasingly older population, providing options to meet service needs will continue to be a challenge.

An array of services to assist individuals in maintaining as much independence as possible in the least restrictive environment is provided with Older Americans Act funding, state funding, and funding through Medicaid waivers. This section presents six major focus areas that discuss and outline program implementation through narrative, goals, objectives, and strategies.

Aging Services Division and the Department of Transportation have entered into discussions regarding the possibility of providing all public funded transportation services through the Department of Transportation. Currently, transportation services are coordinated between Aging Services Division and the Department of Transportation to avoid duplication and provide for expanded service routes. Older Americans Act Title III-B funds are used to enhance transit services in five of the State's eight planning regions and three tribal reservations/Indian service areas.

Due to increased funding levels of the Federal Highway Bill (authorized through 2009), the State of North Dakota has the opportunity to move forward with the United We Ride initiative and make a systems change allowing for increased efficiency of the statewide transit system. The statewide transit system will be an integrated service delivery system that assures service delivery and acknowledges the needs of special population groups including the elderly, disabled, low-income, rural, and minorities. Aging Services Division has the opportunity to leverage these resources for transportation services for older individuals, thus allowing Older Americans Act funds to be used to expand or enhance other services.

Aging Services Division and the Department of Transportation have met with the Older Americans Act regional and tribal transit providers to obtain their input on eliminating transportation as an Older Americans Act funded service. Issues concerning the level of future Department of Transportation funding and provisions for assuring services to low-income elderly have been discussed. The proposal was also addressed at the public input hearings held throughout the state and on Indian reservations/service area.

Review of the Older Americans Act, specifically Sections 306 (b), Sections 306 (c)(1) and (c)(2), Section 307(24), Section 316, and Sections 321(a)(2) and 321(c), address the need to collaborate and coordinate with other agencies to develop transit services and pool resources to improve access and increase service delivery. Aging Services Division and the Department of Transportation plan to enter into a written Memorandum of Agreement regarding transportation services. The agreement, which would be effective January 1, 2007, will address the following:

- Continued development and implementation of an integrated transportation system that acknowledges the needs of special populations including the elderly, disabled, low-income, rural and minorities;
- Maintenance of funding levels through the duration of the State Plan;
- Gathering and reporting of required NAPIS data including the number of unduplicated clients age 60 and over served; the number of units of service; and the amount of funds expended; and collect other data as requested by the Administration on Aging; and
- Continued collaboration through statewide transit planning meetings, the United We Ride initiative, Dakota Transit Association meetings, etc.

The Department of Transportation, through the Small Urban and Rural Transit Center (SURTC), North Dakota State University, assessed the coordination of statewide transit services and transportation needs for older individuals through the following surveys: *Enhancing Passenger Mobility Service in North Dakota through Increased Coordination* (November 2004) and *Personal Mobility Trends, Gaps, and Recommended Enhancements* (September 2005). Copies of the reports are available from the Department of Transportation. Information on the Administration on Aging's "Transportation Toolbox" was forwarded to transit providers to assist in their planning/coordination of transportation services.

The following table presents information on North Dakota's total population and population age 60 and older by race/Hispanic origin:

North Dakota Population 2004 Estimates by Race/Hispanic Origin	Total Population	Population Ages 60 and Older
Totals	634,366	120,478
White Alone	586,336	117,558
Black Alone	4,583	98
American Indian & Alaska Native	33,032	2,200
Asian, Native Hawaiian & Other Pacific Islander	4,395	293
Persons Reporting Two or More Races	6,020	329
<i>Hispanic Origin</i>	<i>9,755</i>	<i>448</i>
Source: U.S. Census Bureau, Population Division, http://www.census.gov/opoest/estimates.php and the State Data Center, North Dakota State University, Fargo, ND		

Priority for services is given to older individuals residing in rural areas; older individuals with greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas); older individuals with greatest social need, (with particular attention to low income minorities and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English speaking ability; and older individuals with Alzheimer's disease or related disorders (and the caretakers of such individuals).

Preference in providing services to older individuals with greatest economic need and greatest social need, with particular attention to low income minority and older individuals residing in rural areas is addressed as follows [(OAA Section 305(a)(2)(E)]:

- Factors are included in the allocation plan to target monies to low income, minority, and rural individuals.
- Contract entities are required to give priority for services to the targeted groups.
- Contract entities are required to identify specific targeting methods in their request for proposal and/or their policies and procedures manual.

According to the U.S. Census Bureau, July 1, 2004 estimates, there are a total of 83,681 individuals age 60 and over living in rural areas of the state. Rural is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Special needs of older individuals residing in rural areas are addressed as follows [OAA Section 307(a)(3) and Section 307 (a)(10)]:

- State Plan input hearings were held in 13 locations – 11 of the hearings were held in rural communities.
- The State/Area Agency assures that it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000 (amount spent in FY 2000 - \$2,530,705).
- It is projected that for each fiscal year of this State Plan, the projected cost of providing services for older individuals residing in rural areas will be \$2,800,878. This projection is based on funding factors that address the number of individuals age 60 and over, a factor for minorities, a factor for low-income, and a factor for rural. The amount may vary based on the final FFY 2007 award.
- In the fiscal year preceding this plan, the following methods were used to meet the need for services for older individuals residing in rural areas:
 - 1) A rural factor was included in the allocation plan to assure additional funds were available to provide services in rural areas;
 - 2) Contract entities were required to outline methods to reach the rural population and deliver services in rural areas. Aging Services Division was informed of any change in location or delivery of the service;
 - 3) State funded programs, administered through the Medical Services Division, provided services through independent contractors and

agency providers enrolled as Qualified Service Providers located in both rural and urban areas of the state; and

- 4) Collaboration with the Department of Transportation was continued to assure a coordinated transit system throughout the state with access in rural areas.

- The methods listed above will again be used during each fiscal year of this plan to assure the needs of older individuals residing in rural areas are addressed.

North Dakota has only four cities that are not considered rural. Contracts have a combined rural and urban base; therefore, it is difficult to prove there is a significant difference in rural/urban costs.

According to Census 2000, there are 9,726 individuals (11.1%) age 65 and older with incomes below the poverty level. The following table identifies the State's low-income older individuals by race/Hispanic origin [OAA Section 307(a)(15)]:

North Dakota Population Ages 65 and Older – Poverty Status by Race/Hispanic Origin	Totals Ages 65 and older below poverty	Ages 65 - 74 below poverty	Ages 75 and older below poverty
Totals	9,726	3,797	5,929
White Alone	9,215	3,496	5,719
Black Alone	0	0	0
American Indian & Alaska Native	421	254	167
Asian, Native Hawaiian & Other Pacific Islander	9	9	0
Some Other Race Alone	21	2	19
Persons Reporting Two or More Races	60	36	24
<i>Hispanic Origin</i>	<i>71</i>	<i>29</i>	<i>42</i>
Source: U.S. Census Bureau, Census 2000, Tables PCT 49 and PCT 75A-H			

Minority individuals in North Dakota are primarily American Indian. Therefore, information addressing coordination of Title III and Title VI services [OAA Section 307(a)(21)] is included in this listing of methods used to address service needs of minority older individuals:

- Funding factors to target services to low-income minorities are included in the allocation plan.
- The Department of Human Services has made available training for staff on cultural competency.
- In April 2006, the "Limited English Proficiency Implementation Plan for the Department of Human Services" was issued. The plan provides a framework for the provision of timely and reasonable language assistance. The plan will be reviewed and updated periodically.

- Programs under Title III and Title VI are coordinated to maximize service provision and avoid duplication.
- Title VI projects are included in informational mailings and invited to participate in Aging Services Division sponsored trainings.
- Aging Services Division continues to work collaboratively with the Indian Affairs Commission and the Department's tribal liaison on issues affecting elders.
- Aging Services Division has participated in the interim Legislative Tribal and State Relations Committee meetings.
- All reservations and the Indian Service Area are represented on the Governor's Committee on Aging.
- Aging Services Division contracted with the University of North Dakota Center for Rural Health National Resource Center on Native American Aging to conduct a needs survey of North Dakota's American Indian Caregivers. The Center continues to be a resource on issues affecting Native American elders.

The minimum proportion of funds to carry out part B that will be expended to provide each of the categories of services is as follows [OAA Section 307(a)]: Access - 30%; In-Home - 4%; and Legal Assistance - 9%. The basis for the funding levels is historic need and available funding. The Department of Transportation provides transportation services. The Medicaid State Plan allows for medical transportation for eligible clients; the Medicaid waivers allow for non-medical transportation for eligible clients.

The following focus areas address the Administration on Aging's four program goals and include implementing objectives and strategies. Additional goals, objectives, and strategies address advocacy and program management.

Each focus area includes a narrative that provides information on services and activities that are provided on an ongoing basis.

FOCUS AREA #1: COMMUNITY-BASED SERVICES

A variety of services are made available through Aging Services Division and its contract entities that enable older individuals to remain in their own homes and communities.

The *North Dakota Department of Human Services State & Community Programs Funded under the Older Americans Act Policies and Procedures Manual* outlines minimum standards that must be met in the provision of each service. The manual is available on the Department's website. Older Americans Act funds, Nutrition Service Incentive Program funds, State funds, required match, and additional local funds from providers are used to provide the following services:

Assistive Devices – A service that provides adaptive and preventive health aids that will assist individuals in their activities of safe daily living. Assessment is conducted to determine eligibility and need for safety devices. Currently one contract entity provides services in medically underserved areas. Plans are to expand the service statewide, dependent on available federal funding.

Caregiver Support Program – Information regarding this program/services is addressed in Focus Area #3.

Health Maintenance Services – A combination of services provided in an effort to determine and maintain the health and well being of older individuals. Funded services include Blood Pressure/Pulse/Rapid Inspection, Foot Care, Home Visits, and Medication Set-up. Currently there are 7 contract entities that provide services at 140 sites. Additional information regarding healthy aging is addressed in Focus Area #2.

Information & Assistance – Provided as a direct service by Aging Services Division [OAA Section 307(a)(8)(C)], the North Dakota Senior Info-Line, a nationwide toll-free number (1-800-451-8693) provides up-to-date information on a wide range of home and community-based programs, volunteer opportunities, and benefits. Information can also be accessed on-line at www.ndseniorinfo.com. Two staff people from Aging Services Division were recently certified as Information and Referral Specialists for Aging through the Alliance for Information and Referral Systems (AIRS).

Legal Assistance Services – Information regarding these services is addressed in Focus Area #4.

Long Term Care Ombudsman Program – Information regarding this program is addressed in Focus Area #4.

Nutrition Services – Services include: congregate meals - a service that provides meals that assure a minimum of one-third of the recommended dietary allowances for a client who will be eating in a group setting; home-delivered meals – a service that provides meals that assure a minimum of one-third of the recommended dietary allowances for a client who is homebound and unable to prepare an adequate meal; nutrition education - a program to promote better health by providing accurate and

culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants or caregivers in a group or individual setting overseen by a dietitian or individual with comparable expertise; and nutrition counseling - provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a licensed registered dietitian in accordance with North Dakota Century Code Chapter 43-44. Currently there are 8 contract entities that provide services at 276 sites. Two tribal entities coordinate services with their Title VI nutrition programs. Dietitian services for Aging Services Division are provided through a contract with the Department of Health. The contract dietitian is currently providing consultation and guidance on compliance with the Dietary Reference Intakes (DRI's). Training needs are addressed through a coordinated effort of State and Regional staff, staff from the North Dakota Extension Service, staff from the Food and Drug Administration, staff from the Department of Health, and Older Americans Act service providers. ServSafe certification is available through United Tribes Technical College.

Outreach Services – Outreach services are interventions initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. Service activities also include determining eligibility for home-delivered meals service. Regional outreach services are competitively bid; outreach services on the Indian reservations/Indian service area are provided through contracts with Tribal governments [OAA Section 307(a)(8)(C)]. Outreach services are available statewide. The *Older Americans Act Outreach Handbook* was revised/distributed and is also available on the Department's website.

Transportation – Provision of transit services will transition to the Department of Transportation on January 1, 2007. Aging Services Division will continue to collaborate with the Department of Transportation to assure transit needs of older individuals are addressed.

Senior Companion Services - A service that offers periodic companionship and non-medical support by volunteers (who receive a stipend) to older individuals with special needs. Currently Aging Services Division contracts for senior companion services for American Indian elders on four reservations/Indian service area. Plans are to expand services to all reservations.

Vulnerable Adult Protective Services Program – Information regarding this program is addressed in Focus Area #4.

In addition to services funded under the Older Americans Act, Aging Services Division also administers the Telecommunications Equipment Distribution Service – a service that provides specialized telecommunications equipment to communications impaired individuals (authorized by North Dakota Century Code Chapter 54-44.8).

The continuum of care includes home and community-based services that reduce the reliance on institutional care by offering quality services in an alternative setting. Administered by the Medical Services Division, the following programs provide services through the state funded Service Payments for Elderly and Disabled (SPED) Program and the Expanded Service Payments for Elderly and Disabled (Ex-SPED) Program, as well as the federally funded Medicaid Waivers for the Aged and Disabled and Traumatic Brain Injured. Independent contractors and agency providers provide services in both rural and urban areas of the state. Provider qualifications are competency based. The client retains choice over who provides care. State funded case management services are provided by County Social Service agencies [OAA Section 307(a)(8)(B)].

Aging Services Division contracts with Lake Region State College to provide qualified service provider competency training. Staff from Aging Services Division monitors the contract.

Medical Services Division and Aging Services Division continue to work collaboratively to amend the current Aged and Disabled Waiver to include some medical model services for nurse delegated tasks. The possibility of expanding/enhancing the current waiver to include home-delivered meals, assistive safety devices, and transitional costs for residents leaving long-term care is being reviewed through the waiver renewal process.

In 2005, personal care service was added to the Medicaid State Plan, thus expanding eligibility for older individuals, persons with physical disabilities, persons with developmental disabilities/mental retardation, and persons with mental illness. Discussions are currently taking place to expand/enhance eligibility for state funded programs for services such as respite care and homemaker services.

Aging Services Division and Medical Services Division continue to collaborate to provide training opportunities for county social service staff and Older Americans Act staff. Recently staff from both Divisions participated on a panel discussion "What Is The Future of Home and Community Based Services" for county social service directors. A joint training for home and community-based services case managers and outreach staff is being planned to enhance documentation skills. Staff from the Attorney General's Office will be presenting information on the legal aspects of documentation. A Regional Aging Services Program Administrator and staff from Disability Services Division and Mental Health and Substance Abuse Division will also provide information.

In keeping with the Administration on Aging's partnerships with the Centers for Medicare and Medicaid Services and the Social Security Administration to help Medicare beneficiaries access new benefits under the Medicare Modernization and Improvement Act of 2003 (MMA), Aging Services Division worked in partnership with the North Dakota Department of Insurance; Medical Services Division, Legal Services Division, and Fiscal Administration of the Department of Human Services; AARP; Older Americans Act providers; and other partners in the aging network to inform older individuals and dual eligibles of the MMA including Medicare Part D and the benefits available under the Medicare Prevention Program. Aging Services Division will continue to inform individuals of these benefits along with the activities of Senior Medicare Patrol Fraud Project through

dissemination of information through regional Aging Services newsletters. Older Americans Act providers and other partners in the aging network also distribute newsletters that include information on available benefits. Additional information regarding activities in these areas can be found on pages 54-55, and 62-63.

The Department of Human Services, Aging Services Division, was successful in applying for and receiving a three-year demonstration Real Choice Systems Rebalancing Initiative Change Grant, funded by the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services in September 2004. The Department of Human Services, Aging Services Division, contracted with the North Dakota Center for Persons with Disabilities, a Center of Excellence at Minot State University, to carryout grant activities. The overall goal is to implement the Olmstead Decision and President Bush's New Freedom Initiative that calls upon states to improve access and choice of continuum of care services for older individuals and people with disabilities. The project's consumer and stakeholder-dominated process will gather information and work to build consensus on three key issues:

- A system to provide a single point of entry for services for elderly and people with disabilities who are considering long-term home and community based services and institutional services;
- A mechanism to rebalance state resources for services for the elderly, people with disabilities, and their families in strengthening self-directed services in communities; and
- Practical and sustainable public information services for access to all long-term care.

The project will also develop a plan and potential legislation for balancing resources and establishing a statewide mechanism for a single point of entry to continuum of care services in North Dakota. A series of statewide focus groups and in-home personal interviews were conducted to identify perceptions, patterns, themes and suggestions for improving the choice and self-direction, quality, and access to long term care supports. Conclusions/recommendations from the June 1, 2006 *Research Report One – A Report of Focus Groups and Personal Interviews* include:

- 1) The current 2005-2007 biennium funding for long term care services (i.e. continuum of care services) includes \$343,013,040 appropriated to nursing homes and \$37,697,922 appropriated to home and community-based services. Since 1999, funding for nursing home services has increased by approximately \$90,600,000 while funding for HCBS has increased by approximately \$16,700,000. This funding does not reflect the needs and preferences identified by focus group participants for additional home and community-based service options and the importance of the opportunity for consumers to remain in their homes. It is important to note that data from all five groups (including providers) supports the desire of people to remain in their homes. There must be a concerted effort to implement change that will help to balance the funding for providing continuum of care services. Without such change, a

certain crisis in providing care for North Dakota's growing population of aging citizens may occur.

- 2) In order to implement systems change in North Dakota, Medicaid and state funded services, the people using those services, and also those who are privately paying for continuum of care services need to be considered. This is necessary to build a proactive and fiscally responsible system that wisely spends and appropriately uses its funds for the services that North Dakotans prefer, and those services that are most effective at helping people maintain independence and self reliance.
- 3) There needs to be support and funding for pilot projects for a single point of entry (SPE) concept, which can serve as an effective tool and step to improving choice and access to continuum of care services. The SPE projects should focus specifically upon the need for a consistent "go to" person, financial and functional assessment, case management type services, access to increased home and community-based service options including access in rural communities, and availability to various income populations.
- 4) The shortage of workers available to provide continuum of care services and particularly home and community-based services should be addressed. A system that will support and equitably reimburse providers of home and community-based services, both individuals and agencies should be funded.
- 5) The need for unbiased functional and financial assessment and case management services should be addressed in order to ensure consumers have access to choices and services that are most appropriate to their needs. Exploration of how other states have used the idea of different levels of case management, such as options counselors and care coordinators, and streamlined assessment processes should occur.
- 6) Federal and state initiatives that allow flexible use of funds to pay for the services that consumers choose, such as Money Follows the Person, Cash and Counseling, home and community-based services in the Medicaid State Plan, and items of the Deficit Reduction Act should be explored and implemented when appropriate.

A copy of the entire report, *Real Choices Grant Focus Group Results 2005*, can be accessed at: <http://www.nd.gov/humanservices/info/pubs/ltccontinuum.html>.

The Department of Human Services, through the Medical Services Division, made application for 2006 funding for a Systems Transformation Grant through the Centers for Medicare and Medicaid to implement the outcomes of the Real Choice grant. Grant activities align with the principles outlined the proposed *Choices for Independence* initiative.

Aging Services Division applied for and received a three-year Administration on Aging Alzheimer's Disease Demonstration Grant. The goal of the project is to build an alliance

between the medical community, the community services network, and the North Dakota Family Caregiver Support Program (NDFCSP) to increase early dementia identification, treatment options, and caregiver respite. Aging Services Division has contracted with two medical providers to implement the medical portion of the project, and the Alzheimer's Association Minnesota-North Dakota to provide statewide community education, caregiver education and training, and training on initial dementia screenings. An enhanced dementia curriculum and training was developed for caregivers and respite providers. Caregivers/respite workers who complete the enhanced dementia training are eligible for additional respite care through the NDFCSP. As of March 31, 2006, a total of 388 caregivers/family members/respite care providers had received training; 77 caregivers were enrolled for the enhanced respite care service. The enhanced dementia training and additional respite care will be sustained through the NDFCSP after the demonstration grant has ended. The project uses the Chronic Area Network for Alzheimer's Disease (CCN/AD) Tools for Early Identification, Assessment, and Treatment for People with Alzheimer's Disease and Dementia. Dakota Medical Foundation is providing matching funds. Contract entities provide in-kind match. The grant will begin the third year of funding.

ADMINISTRATION ON AGING STRATEGIC PLAN PROGRAM GOAL #1: Increase the number of older people who have access to an integrated array of health and social supports.

Objective 1.1: Provide quality, cost effective, consumer-friendly services to maintain older individuals in their communities.

- Strategy 1.1.1: Contract for the provision of assistive devices (FFY 2005 baseline: 1,121 unduplicated clients).
- Strategy 1.1.2: Contract for the provision of health maintenance services (FFY 2005 baseline: 4,480 unduplicated clients).
- Strategy 1.1.3: Contract for the provision of congregate and home delivered meals (FFY 2005 baseline: Congregate – 16,354 unduplicated clients; Home-Delivered – 6,460 unduplicated clients).
- Strategy 1.1.4: Contract for the provision of outreach services (FFY 2005 baseline: 13,990 unduplicated clients).
- Strategy 1.1.5: Contract for the provision of senior companion services (FFY 2005 baseline: 208 unduplicated clients).
- Strategy 1.1.6: Provide information and assistance services (FFY 2005 baseline: 1,424 calls).
- Strategy 1.1.7: Contract for the provision of telecommunication services for the hearing impaired (2005 baseline: 198 individuals).
- Strategy 1.1.8: Contract for the provision of competency training for qualified service providers (2005 baseline: 31 individuals).

OBJECTIVE 1.2: Continue to strengthen and expand community-based service options.

- Strategy 1.2.1: Develop and distribute an annual fact sheet regarding services provided under the Older Americans Act.
- Strategy 1.2.2: Continue partnership with the Department of Transportation to provide statewide transit services for all North Dakotans.
- Strategy 1.2.3: Provide annual trainings to promote skills development of Older Americans Act service providers.
- Strategy 1.2.4: Continue to collaborate with Medical Services Division to provide joint trainings on issues affecting both home and community-based case managers and outreach workers.

- Strategy 1.2.5: Expand/continue cooperative relationships with tribal organizations to improve the quality of life for American Indian elders.
- Strategy 1.2.6: Continue collaboration with Real Choice Rebalancing grant partners and stakeholders to determine recommendations to implement a systems change.
- Strategy 1.2.7: In collaboration with Medical Services Division, pursue funding opportunities for implementation of the outcomes of the Real Choice Rebalancing Grant.
- Strategy 1.2.8: Contract for the provision of dementia services to increase early dementia identification, treatment options, and caregiver respite.

FOCUS AREA #2: HEALTHY AGING

“Healthy People, Healthy Communities” is the vision *Healthy North Dakota*, a statewide initiative that focuses on improving the health of every North Dakotan. The mission statement is: Inspire and support North Dakotans to improve physical, mental, and emotional health for all by building innovative statewide partnerships. The goal of *Healthy North Dakota* is to improve the health of every citizen in North Dakota by encouraging people to choose healthy behaviors. A community-driven process, *Healthy North Dakota* is a dynamic statewide partnership that continues to grow as new stakeholders become engaged. Focusing on prevention and wellness will result in a healthier population, lower health-care costs, and improved quality of life.

Healthy North Dakota works through an established framework supporting North Dakotans in their efforts to make healthy choices by focusing on wellness and prevention in senior centers, schools, workplaces, homes – anywhere people live, work, and play. Committees comprised of over 400 North Dakotans representing about 150 agencies, organizations, and businesses from across the state are providing leadership in identifying strategies for building a *Healthy North Dakota*.

Aging Services Division participates on the following *Healthy North Dakota* committees: Healthy North Dakota Coordinating Committee, Aging, Physical Activity, Nutrition, and Community Engagement.

Prevention is the first step in staying healthy. Aging Services Division provides for health screening and distribution of assistive devices through contracts with Older Americans Act providers (see page 46). Aging Services Division is currently working with tribal entities to explore the possibility of providing Older Americans Act health maintenance services on the reservations.

Senior centers play a vital role in the addressing healthy lifestyles. Many have established walking programs, exercise programs, health maintenance services, and nutrition services including balanced meals, nutrition education, and nutrition counseling. A formal needs/asset survey of the 234 senior centers/clubs will be conducted to identify what programs/services are currently being provided as well as service gaps in relation to health and wellness issues, social activities, and activities to “invite the community in” such as intergenerational activities, programming of interest to younger/middle aged individuals such as planning for long-term care, services/programs currently available, etc. as well as level of participation in current programming. Determining level of participation will allow for a baseline to be established for measuring increased/decreased participation.

Community elder service networks continue to promote health and wellness activities through ‘wellness adventures’. The networks also provide a forum for service providers to collaborate with non-traditional partners to raise awareness on health issues, prevention, services/service needs, and other aging issues.

Aging Services Division will continue to partner with the Department of Health, local district health units, the Senior Health Insurance Counseling Program, Older Americans Act providers, and other local eldercare programs to inform individuals of the benefits available through the Medicare Prevention Program. Information will continue to be disseminated through regional Aging Services newsletters, at health fairs, conferences, etc.

Aging Services Division has contracted with the Department of Health to promote the vaccination of older individuals for influenza and pneumonia through public education campaigns. The campaigns consist of public service announcements, posters, and separate brochures for individuals age 65 and older and those living in long-term care facilities. Other partners participating in the effort include the North Dakota Public Health Association, Blue Cross/Blue Shield of North Dakota, North Dakota Pharmacy Association, AARP ND, North Dakota Medical Association and the North Dakota Health Care Review, Inc. Information is also shared with the aging network for dissemination.

Aging Services Division has partnered with the Department of Health to promote diabetes education throughout the state through the Dakota Diabetes Coalition, an organization whose mission is “to integrate and invigorate all efforts to prevent, manage and treat diabetes for all North Dakotans”.

Staff from Aging Services Division was also involved in the development of the State Cancer Plan.

At the request of the Department of Health, a staff person from Aging Services Division is the Healthy Aging liaison for the National Association of Chronic Disease Directors’ Healthy Aging Council. State and regional staff continue to serve in an advisory capacity on local district health unit boards.

For the past several years, Aging Services Division has partnered with the Division of Mental Health and Substance Abuse to provide improve mental health services for older individuals through staff training on mental health issues. The 2nd Annual Clinical Forum on Mental Health featured a separate track on ‘elderly and mental health’. Staff will continue to advocate for increased mental health services for older individuals.

Older individuals often identify self-worth with what they do or produce. Those who provide services through volunteer or paid efforts, are more likely to be emotionally and physically healthy.

Volunteers play a vital role in the delivery of services for older individuals. The aging network provides a wide range of opportunities for volunteerism that include intergenerational activities. State and regional staff continue to coordinate efforts with local agencies including faith-based organizations to promote volunteerism. Staff serves in an advisory capacity for the Corporation of National and Community Service programs including the Retired and Senior Volunteer Program and the Foster Grandparent Program. State and regional staff participate and promote activities of TRIAD, the Alzheimer’s Association Minnesota-North Dakota Alzheimer’s Chapter, and National Rebuilding Day.

The Senior Community Service Employment Program (SCSEP) provides part-time employment and training opportunities for low-income adults age 55 and older. The SCSEP serves the community by providing useful community services and fostering individual economic self-sufficiency for older adults who may experience barriers to gainful employment. Program participants generally are offered 20 hours per week of part-time employment. Aging Services Division recently submitted a grant application for project year 2006 funding.

ADMINISTRATION ON AGING STRATEGIC PLAN PROGRAM GOAL #2: Increase the number of older people who stay active and healthy.

Objective 2.1: Promote health and wellness initiatives that encourage older individuals to make changes that will improve their quality of life.

- Strategy 2.1.1: Continue participation in the Healthy North Dakota initiative and promote involvement of older individuals.
- Strategy 2.1.2: Conduct a needs/asset survey of senior centers to determine current level of programming/service need relating to health and wellness activities, social activities, intergenerational activities, planning for long-term care, etc. and level of participation in current programming.
- Strategy 2.1.3: Continue to partner with the Department of Health to promote health education and disease prevention to maintain a healthy, active, and independent lifestyle.
- Strategy 2.1.4: Contract with the Department of Health to promote vaccination of older individuals for influenza and pneumonia.
- Strategy 2.1.5: Continue to develop and participate in community elder service networks to collaborate on services, service needs, and educational opportunities to promote healthy lifestyles.
- Strategy 2.1.6: Continue to collaborate with agencies and organizations to promote meaningful volunteer activities.
- Strategy 2.1.7: Promote opportunities that provide intergenerational activities to increase understanding and relationships between generations.
- Strategy 2.1.8: Continue efforts to improve mental health services for older individuals through collaboration with the Division of Mental Health and Substance Abuse.
- Strategy 2.1.9: Contract for the provision of senior employment services (2005 Baseline: 50 individuals).

FOCUS AREA #3: CAREGIVER SUPPORT SERVICES

The North Dakota Family Caregiver Support Program (NDFCSP) provides for a multifaceted system of support services for family caregivers and for grandparents or older individuals that are relative caregivers. Through a combined effort of the North Dakota Data Center and the Child Development and Family Science Department at North Dakota State University, the University of North Dakota Center for Rural Health National Resource Center on Native American Aging, and the North Dakota Department of Human Services, Aging Services, a needs survey of North Dakota's informal caregivers, grandparent caregivers, and American Indian caregivers was conducted. Results of the survey were used in the development of the NDFCSP.

The NDFCSP is implemented through letters of award with the regional human service centers. Regional caregiver coordinators provide or arrange for the following services:

Information to caregivers about available services – a) information is defined as group services, including public education, provision of information at health fairs, expos, and other similar events; and b) outreach which is interventions for the purpose of identifying potential caregivers and encouraging their use of existing services and benefits.

Assistance to caregivers in gaining access to services - assistance is defined as one on one contact to provide information and assistance and case management. Activities of case management include assessing needs, developing Caregiver Option plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up, and reassessment as required.

Individual counseling, organization of support groups, and caregiver training to assist the caregiver in making decisions and solving problems relating to their caregiving roles.

Respite care – temporary relief for a grandparent/relative caregiver or for a primary caregiver who is caring for an older adult with two impairments of activities of daily or a cognitive impairment. Respite can be provided in the home, adult/child day care center, or institutional respite on an occasional or emergency basis.

Supplemental services – previously provided for family home care; will be providing assistive devices and supplies for incontinence.

The NDFCSP is an integral part of the North Dakota Alzheimer's Disease Demonstration Project (see Focus Area #1). Caregiver coordinators work cooperatively with the Alzheimer's Association to facilitate/arrange for the enhanced dementia training for caregivers/respite workers. Referrals are obtained from medical providers, community service providers, and word of mouth from satisfied clients. After training has been completed, the caregiver coordinator authorizes the enhanced respite care. The enhanced dementia training and additional respite care will be sustained through the caregiver program after the demonstration grant has ended.

Caregiver coordinators continue to maintain and develop new partnerships with other service delivery systems that provide support services to caregivers including the Department's Developmental Disabilities Division; Medical Services Division; Children and Family Services Division; and the Mental Health and Substance Abuse Division; hospitals; eldercare programs; faith-based organizations; tribal family caregiver support programs; and the Alzheimer's Association.

ADMINISTRATION ON AGING STRATEGIC PLAN PROGRAM GOAL #3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

Objective 3.1: Strengthen the current family caregiver support system.

Strategy 3.1.1: Issue letters of award to regional human service centers for the provision of family caregiver support services.

Strategy 3.1.2: Provide family caregiver support services to eligible caregivers (FFY 2005 Baseline: 453 caregivers).

Strategy 3.1.3: Provide family caregiver support services to eligible grandparents and relative caregivers (FFY 2005 Baseline: 7 grandparents).

Strategy 3.1.4: Promote the NDFCSP through caregiver presentations, caregiver outreach, and information and assistance (FFY 2005 Baseline: 1,076 individuals).

Strategy 3.1.5: Continue coordination with the Alzheimer's Association in the provision of enhanced caregiver training and respite care.

Strategy 3.1.6: Continue to maintain and develop partnerships to promote/expand caregiver services in North Dakota.

FOCUS AREA #4: ELDER RIGHTS

Aging Services Division has established an Elder Rights Program that focuses on protecting the rights of vulnerable older individuals in the community and in institutional settings [OAA Section 705(a)(7)].

Public hearings were held throughout the State (including Indian Reservations and the Tribal Service Area) prior to the development of this State Plan to gain input regarding programs carried out under Title VII. Opportunities for input are also presented through workshops and training sessions, informational booths at conferences, and through the North Dakota Senior Info-Line.

The program has been developed in accordance with the requirements of the Older Americans Act and State law. The State maintains detailed reports of annual expenditures to assure supplanting of funds does not occur.

Program areas include:

State Legal Assistance Developer: Aging Services Division has designated a State Legal Assistance Developer who is responsible for all elder rights programs.

Long-Term Care Ombudsman Program: North Dakota Century Code Chapter 50-10.1 gives authority for the establishment of the North Dakota Long-Term Care Ombudsman Program. The Long-Term Care Ombudsman Program is responsible for receiving, investigating, and resolving concerns on behalf of residents in long-term care facilities and tenants of assisted living facilities. The State Long-Term Care Ombudsman, along with four regional ombudsmen, assists in protecting the health, safety, welfare and personal rights of residents/tenants. On-site visits to facilities are made on a quarterly basis. At the invitation of the Department of Health, Ombudsmen participate in the licensure review exit conferences. Recruitment of community volunteer ombudsmen and training is on going. Currently there are 72 certified community volunteer ombudsmen. No restrictions, other than those specified in Section 712(a)(5)(C) of the Older Americans Act, are placed on eligibility for designation as local ombudsman. Statistical data is reported to and maintained by Aging Services Division. It is anticipated that the state reporting will be converted to the SAMS reporting system by October 1, 2008. Title III, Title VII, and state funds are used to carry out the program.

Programs for the Prevention of Abuse, Neglect and Exploitation: North Dakota Century Code Chapter 50-25.2 gives authority to implement a program of protective services for vulnerable adults. Aging Services Division has designated the eight regional human service centers to provide services to respond to complaints of adult abuse, neglect, and exploitation. Statistical data is reported to and maintained by Aging Services Division. Title III, Title VII, and state funds are used to carry out the program.

Policies and procedures have been developed that are consistent with relevant State law and coordinated with existing State adult protective activities. Aging Services Division has developed a reporting system for receipt of reports of elder abuse; conducts and participates in workshops and conferences addressing elder rights issues; provides information for press releases and magazine articles to educate the public on identifying and preventing elder abuse; informed Older Americans Act participants of available services through outreach, newsletters, and conferences; made referrals to other agencies as appropriate; and refers complaints to law enforcement or public protective service agencies as appropriate. Involuntary or coerced participation in any programs/services is not allowed. All information remains confidential except under conditions described in Section 705(a)(6)(C) of the Older Americans Act.

Aging Services Division continues to collaborate with the North Dakota State Attorney General's office and the North Dakota Bar Association to educate individuals on elder rights issues in communities and institutional settings and pursue prosecution of individuals who violate elder rights laws. State and local law enforcement, faith-based organizations, states attorneys, and staff from the judicial system have participated in the trainings.

Legal Assistance: Legal assistance is provided through a statewide, competitive bid contract (funded with Title III-B funds). In addition to providing legal assistance, the contract also requires that a toll-free Senior Hot-Line (1-866-621-9886) have live coverage Monday through Friday between 8:00 am and 5:00 pm. The preparation and distribution of information about benefits for and legal rights of disadvantaged elderly and low-income individuals is also required. Aging Services Division monitors the fiscal and programmatic requirements of the contract.

Aging Services Division has submitted an application for the Administration on Aging's "Model Approaches to Statewide Legal Assistance System" grant to enhance the existing legal assistance Senior Hot-Line to increase usage for rural and minority clients.

During the 2005 Legislative session, a bill was passed that allows for the development and coordination of guardianship services for vulnerable adults who are ineligible for developmental disabilities case management services. Staff has worked with advocacy groups to review/revise standards and are now developing administrative rules for program implementation.

Aging Services Division partnered with the Matters of Life and Death Committee to address legislation requiring combining the laws and sample forms regarding living wills and durable power of attorney. The new booklet, *Making Health Care Decisions in North Dakota: A Summary of the North Dakota Law Regarding Health Care Directives*, is available on the Department's website.

Aging Services Division, in cooperation with the American Bar Association Commission on Law on Aging, is adapting the Maryland *Health Care Proxy Guide* for use in North Dakota.

The Guide is companion document to the *Making Health Care Decisions in North Dakota: A Summary of the North Dakota Law Regarding Health Care Directives*, and will assist individuals serving as a surrogate decision maker.

The North Dakota Department of Insurance administers the Senior Health Insurance Counseling (SHIC) Program. Aging Services Division continues to work cooperatively with the Department of Insurance to strengthen protections for older individuals in the areas of health, insurance, and benefits. The Department of Human Services Aging Services Division, Medical Services Division, Legal Services Division, and Fiscal Administration worked collaboratively with the SHIC program and numerous other partners in the aging network to inform older individuals and dual eligibles of the Medicare Modernization Act. The Department, through Aging Services Division, contracted with existing Older Americans Act providers to inform, educate, and enroll individuals for the Medicare Part D benefit. Numerous trainings for contract entities and SHIC counselors and public informational sessions were coordinated and provided. Aging Services Division applied for and received additional funding through the Centers for Medicare and Medicaid to enhance enrollment activities. Contracts with Older Americans Act providers remain in place through December 31, 2006 so that assistance can be offered during the November 2006 enrollment period. Information on the Medicare Modernization Act is also distributed through regional Aging Services newsletters.

Staff from Aging Services Division central office and a regional aging services staff person currently serves on the advisory committee for the Senior Medicare Patrol Fraud grant. Other members of the board include staff from a senior center, a pharmacist, a health-based research entity, a public health nurse, staff from the University of Mary nursing program, staff from the SHIC Program, and a representative from the University of North Dakota School of Medicine. The advisory council has provided guidance in implementing the program. Aging Services Division has an established working relationship with the new Senior Medicare Patrol grantee and looks forward to collaborating with them in their efforts to train retired professionals and help older individuals to identify Medicare and Medicaid billing errors and potentially fraudulent activity.

ADMINISTRATION ON AGING STRATEGIC PLAN PROGRAM GOAL #4: Increase the number of older people that benefit from programs that protect their rights and prevent elder abuse, neglect, and exploitation.

Objective 4.1: Develop and implement a statewide system that addresses elder rights.

- Strategy 4.1.1: Receive, investigate, and attempt to resolve complaints made by or on behalf of residents in long-term care and tenants in assisted living (FFY 2005 Baseline: 746 cases/clients opened).
- Strategy 4.1.2: Respond to reports of abuse, neglect or exploitation (FFY 2005 Baseline: 515 cases/clients opened).
- Strategy 4.1.3: Continue recruitment efforts for community volunteer ombudsman (FFY 2005 Baseline: 72 community volunteer ombudsman).
- Strategy 4.1.4: Contract for legal assistance services (FFY 2005 Baseline: 938 unduplicated clients)
- Strategy 4.1.5: Promote skills development of community volunteer ombudsman through annual training and recognition.
- Strategy 4.1.6: Work cooperatively with the North Dakota Long-Term Care Association to promote skills development of long-term care staff through provision of or participation in trainings that address resident's rights and other long-term care issues.
- Strategy 4.1.7: Promote skills development for law enforcement officers, states attorneys, member of the judicial system, and vulnerable adult protective service workers through bi-annual trainings that addresses issues of elder abuse, neglect, and exploitation in communities and institutional settings.
- Strategy 4.1.8: Establish and maintain a guardianship services system for vulnerable adults as directed by the State Legislature.
- Strategy 4.1.9: Review and comment on existing and proposed policies, regulations, and legislation affecting elder rights.
- Strategy 4.1.10: Disseminate information on programs and public benefits through quarterly regional aging services newsletters.
- Strategy 4.1.11: Update and distribute "Fact Sheets" on the Ombudsman Program and the Vulnerable Adult Protective Services Program annually.

FOCUS AREA #5: ADVOCACY

The Older Americans Act requires Aging Services Division to be an effective and visible advocate for older individuals. With this comes the responsibility of providing information to federal, state, and local agencies, legislators, service providers, older individuals, caregivers, volunteers, and the general public regarding issues affecting older individuals, planning to meet current needs, and formulating policy that will address the future needs of our state. In the broadest sense, advocacy permeates every aspect of Aging Services Division activities.

During the current legislative interim, Aging Services Division has provided testimony and/or followed interim studies on the following issues: Basic Care survey pilot project; Medicaid reimbursement system; status of Medicaid waivers; implementation of the Medicare Prescription Drug Plan; the Medicare Modernization Act of 2003; medical/legal definitions used for dementia-related conditions; and Tribal and State relations.

During the legislative session, Aging Services Division distributes a weekly Legislative Bulletin that provides information on bills and study resolutions currently being heard by the Legislature.

The Governor's Committee on Aging, along with AARP North Dakota, co-chairs the Graying of North Dakota (GoND) Coalition, a statewide coalition that provides a forum for agencies and organizations with common goals and interests regarding services for older individuals and individuals with disabilities to discuss issues that may result in legislation or otherwise inform or affect regulatory or public policy decisions. The Coalition will be meeting in August to finalize priority issues for the next legislative session.

Aging Services Division hosted an informational meeting for delegates to the White House Conference on Aging (WHCoA) to discuss pertinent national issues and their impact on North Dakota. The Governor's Committee on Aging and the AARP Governmental Affairs Committee also participated. WHCoA delegates have provided information on the resolutions from the Conference to numerous elder service network groups and distributed information through press releases and through regional aging services newsletters so information can be considered in the development of priority issues. A regional town hall listening session, "A Matter of Choice: The Northern Plains Looks at Resolutions from the 2005 White House Conference on Aging" was held to spearhead moving from discussion to action.

The Silver-Haired Education Association will be conducting the North Dakota Silver-Haired Assembly in late July. The mock legislative session provides opportunity for education, training, and participation in the legislative process. Staff from Aging Services Division provide information and testify on issues determined by the Association.

Aging Services Division participates in the Department's Olmstead workgroup. The Division has coordinated with the Indian Affairs Commission Real Choice Systems Change initiative in relation to making home and community-based services culturally relevant and

worked with Community of Care project in rural Cass County, and the “*No Place Like Home*” project (also funded by the Olmstead Commission). Aging Services Division organized, facilitated, and participated in a broad based workgroup to address enabling legislation regarding “money follows the individual”.

Affordable, accessible housing options including those that offer a broad range of services are necessary for older individuals to ‘age in place’. Aging Services Division is a member of the North Dakota Housing Finance Agency task force to address housing needs.

Goal #5: Enhance the statewide advocacy system to identify, promote, and address the needs of older North Dakotans.

Objective 5.1: Advocate for issues that promote individual life choices for older individuals.

- Strategy 5.1.1: During the legislative sessions (January – April 2007 & 2009), provide testimony within the parameters set forth by the Department of Human Services.
- Strategy 5.1.2: Continue efforts to impact legislation through monitoring/providing testimony at interim Legislative Committee hearings on that address aging issues (September 2006 – December 2006, May 2007 – December 2008, May 2009 – October 2009).
- Strategy 5.1.3: Continue participation in the Department's Olmstead workgroup to improve current systems of care for persons with disabilities.
- Strategy 5.1.4: Continue participation on the North Dakota Housing Finance Agency task force to enhance public awareness of housing needs of older individuals and provide options to meet those needs.

Objective 5.2: Empower individuals to advocate through knowledge and understanding of issues that impact the lives of older North Dakotans.

- Strategy 5.2.1: Provide information and technical assistance to advocacy groups, agencies, organizations and individuals on issues affecting older individuals.
- Strategy 5.2.2: Distribute information addressing aging issues through quarterly regional aging services newsletters.
- Strategy 5.2.3: Continue to participate in community coalitions such as regional and county councils on aging, the Graying of North Dakota Coalition, Silver-Haired Assembly, etc. to focus public awareness and provide information to develop strategies necessary to mobilize resources to meet the needs of older individuals.
- Strategy 5.2.4: During the legislative sessions (January – April 2007 & 2009), develop and distribute weekly legislative bulletins on aging issues within the parameters set forth by the Department of Human Services.
- Strategy 5.2.5: Assist the Governor's Committee on Aging in identifying and addressing priority issues.
- Strategy 5.2.6: Assist the Governor's Committee on Aging in sponsoring the Governor's Forums on Aging to educate and inform North Dakotans on issues that impact older individuals.

FOCUS AREA #6: PROGRAM MANAGEMENT

With limited funding and an increasing consumer group, effective and efficient program management is imperative.

Aging Services Division will continue to set policy and develop standards for quality services that are cost effective.

The State of North Dakota, through the Office of Management and Budget has developed State Procurement Practices that must be adhered to by all State agencies. To comply with this requirement, the Department of Human Services, Aging Services Division, has competitively bid for the following services: congregate and home-delivered meals, outreach services, health maintenance services, transportation services, legal assistance, assistive devices, and telecommunication equipment distribution services.

State Procurement Practices are also adhered to in the provision of services that are not competitively bid including senior companion services, family caregiver support services, dietitian consultation services, qualified service provider training, and direct contracts with Tribal entities for the provision of congregate and home-delivered meals, outreach services, transportation, and health maintenance services.

Aging Services Division uses the Social Assistance Management System (SAMS) 2000 software system from Synergy Software Technologies, Inc., a web-based client tracking and reporting system. The system aligns with the Administration on Aging's National Aging Program Information System (NAPIS) reporting requirements. Client registration, assessment, and service delivery are recorded on the system for nutrition services, health maintenance services, transportation, outreach, and family caregiver support services. The database is also used for client registration, assessment, and income and asset information for state funded home and community-based services clients and waived service clients.

Client information is maintained in a single database. The baseline client assessment data is the same for all services. Plans are to record/report ombudsman services through the SAMS OmbudsManager by October 2008. Aging Services Division staff, in conjunction with Synergy, provides technical support for the SAMS system.

Aging Services Division staff and regional staff provide on-going technical assistance to contract entities. A minimum of two on-site monitoring reviews is completed each contract year. Client interviews are included as a part of the review process.

The Department of Human Services is currently updating the strategic plan to address areas identified during the recent Stakeholder Meetings. Aging Services Division has provided input and developed action steps to implement goals and objectives.

Preparing for the unexpected is an on-going process for the State of North Dakota. Executive Order 2000-11 established the North Dakota Emergency Operations Plan that

assigns tasks and responsibilities to state departments and agencies and establishes broad concepts for conducting response and recovery operations if an emergency or disaster threatens or occurs anywhere in the state. Staff from the Legal Services Division of the Department of Human Services is responsible for coordination the Department's activities with the Department of Emergency Services.

During the recent Katrina/Rita disasters, the State was ready to receive evacuees. Working cooperatively with the North Dakota Long Term Care Association, vacant nursing home beds were identified so that evacuees with skilled nursing care needs could have received care. Had evacuees come to North Dakota, Aging Services Division staff would have assisted in their placement. The Department also participated in conference calls to keep abreast of the Medicaid policy updates affecting evacuees.

Aging Services Division continues to play a major role in disaster planning and response activities. In previous disasters, Division staff assisted in conducting damage assessments of private residences and securing emergency shelters/food for disaster victims.

A "mock disaster" was recently staged to identify strengths and areas needing improvement. Staff participated in the "Emergency Management and the Disability and Aging Populations" conference in Washington, D.C. in June. State and regional staff will receive National Incident Management Systems (NIMS) training.

Older Americans Act contract entities are required to develop and coordinate emergency disaster plans with their local emergency management offices.

Staff participated on the recent United We Ride conference call regarding Emergency Preparedness and Communication Strategies, Evacuation of Older Adults, Individuals with Disabilities and Others without Rides.

All staff is providing information to update the Department's Continuity of Operations Plan, a business continuity and emergency preparedness plan to provide essential government services in the event of an emergency or disaster.

In March 2006, Governor John Hoeven hosted HHS Secretary Mike Leavitt for an influenza pandemic flu summit meeting. Local, state, tribal, and federal officials discussed the impact of an influenza pandemic on schools, businesses, and health care communities. Aging Services Division is a part of the statewide planning effort to update/revise the current Pandemic Influenza Response Plan to include the latest advances regarding flu vaccine and anti-viral treatments. Surveillance efforts have begun for birds with a diagnosis of bird flu as well as for mosquitoes carrying the West Nile virus (mosquitoes). The plan will be coordinated with the State Emergency Operations Plan. *The Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist* was shared with the Department of Health for distribution to facilities.

Goal #6: Assure effective and efficient program and fiscal management at all levels of the service delivery system.

Objective 6.1: Monitor programs to assess quality, effectiveness, and client satisfaction.

Strategy 6.1.1: Issue policies and procedures to assure effective program management (revise and update as necessary with minimum review on an annual basis).

Strategy 6.1.2: Provide technical assistance, complete on-site assessments, and contract monitoring to assure the provision of quality services.

Strategy 6.1.3: Solicit client input to determine client satisfaction.

Objective 6.2: Enhance managerial efficiency through the development and utilization of comprehensive information management systems.

Strategy 6.2.1: Continue implementation of the SAMS client tracking system to integrate databases and assure appropriate procedures for compiling and transmitting statewide data as requested by the U.S. Assistant Secretary.

Strategy 6.2.2: Provide technical assistance and training on the SAMS client tracking system regarding program data collection and reporting.

Strategy 6.2.3: Continue to expand and enhance use of technology including promotion of the ND Senior Info-Line, e-mail address, and the Department's web page to provide information and address relevant aging issues and activities; and provide training opportunities via videoconferencing.

Objective 6.3: Represent the aging perspective in the Department of Human Services' planning processes.

Strategy 6.3.1: Continue participation in the Department's strategic planning effort.

Strategy 6.3.2: Continue participation in disaster related planning and response activities.

SECTION V.

OLDER AMERICANS ACT PROJECTED FEDERAL FUNDING ALLOCATION FOR FFY 2007								
Administration	\$542,215							
	Title III-B	Title III C-1	Title III C-2	Title III -D	Title III -E	NSIP	Title VII	Totals
Supportive Services	\$ 1,735,443							\$ 1,735,443
Congregate Meals		\$ 1,429,114						\$ 1,429,114
Home-Delivered Meals			\$ 900,428					\$ 900,428
Preventive Health				\$ 105,929				\$ 105,929
Family Caregiver Support Services					\$ 709,024			\$709,024
Nutrition Services Incentive Program						\$ 800,657		\$800,657
Ombudsman							\$ 74,301	\$ 74,301
Elder Abuse							\$25,473	\$25,473
TOTALS	\$ 1,735,443	\$ 1,429,114	\$ 900,428	\$ 105,929	\$709,024	\$ 800,657	\$ 99,774	\$ 5,780,369

OLDER AMERICANS ACT SERVICES CLIENTS AND EXPENDITURES BY SERVICE Federal Fiscal Year 2005

Source: National Aging Program Information System – State Program Report
and Department of Human Services Fiscal Reports

The following chart reflects only Federal/State and required match expenditures reported by Older Americans Act contract entities. The expenditures are for contract year 2004 – 2005; monies were spent in Federal Fiscal Year 2005. Other funding sources (program income and additional local dollars) were also used to provide these services.

UNDUPLICATED CLIENTS SERVED*	SERVICE UNITS*	SERVICE	OAA FEDERAL/ STATE**	REQUIRED MATCH	NSIP	TOTAL
4,840	169,695	Health Maintenance	299,000	52,765		351,765
1,121	1,522	Preventive Health	117,575	0		117,575
13,990	126,280	Outreach	649,634	101,622		751,256
4,932	131,830	Transportation	279,552	49,338		328,890
1,424	1,424	Info & Assistance***	37,927	0		37,927
938	3,707	Legal Services	165,000	29,118		194,118
208	6,369	Senior Companion	84,363	14,902		99,265
16,354	816,668	Congregate Meals	1,619,251	285,984	507,534	2,412,769
6,460	537,887	Home-Delivered Meals	985,205	173,962	322,591	1,481,758
29,377****		TOTAL	\$ 4,237,507	\$ 707,691	\$ 830,125	\$ 5,775,323

*State Program Report Data pending – awaiting certification by the Administration on Aging.

**State dollars totaled \$360,000.

*** I & A is a direct service through Aging Services Division.

****Total unduplicated count of clients for all services.

05/08/2006

NORTH DAKOTA FAMILY CAREGIVER SUPPORT PROGRAM Federal Fiscal Year 2005*					
CLIENTS SERVED	SERVICE UNITS**	SERVICE	OAA FEDERAL	ADDITIONAL FUNDS	TOTAL
1,076	2,081	Information	\$ 120,381		\$ 120,381
2,575	8,304	Assistance	144,018		144,018
8	7	Counseling, Support Groups, Training	6,462		6,462
299	21,511	Respite Care	416,791	8,411	425,202
47	13,660	Supplemental Services		258,706	258,706
		TOTAL	\$ 687,652	\$ 267,117	\$ 954,769

Unduplicated Caregivers Served: 453

Unduplicated Grandparents Served: 7

*State Program Report Data pending – awaiting certification by the Administration on Aging.

**Information service unit equals one contact.

Assistance service unit equals one contact.

Counseling/Support Group/Training service unit equals one session.

Respite care service unit equals one hour.

Supplemental service unit equals one day.

06/20/2006

**LONG-TERM CARE OMBUDSMAN PROGRAM
& VULNERABLE ADULT PROTECTIVE SERVICES PROGRAM
Federal Fiscal Year 2005**

Long-Term Care Ombudsman Program Statistical Data

Number of Complaints Received		1,069
Number of Cases Opened		746
Number of Nursing Facilities	Nursing Facilities: 86 Swing Bed Facilities: 37	122
Number of Beds	Nursing Facilities: 6,594 Swing Bed Facilities: 653	7,247
Number of Basic Care Facilities	Basic Care: 50 Assisted Living: 51	101
Number of Beds	Basic Care: 1,535 Assisted Living: 1,663	3,198

Vulnerable Adult Protective Services Program Statistical Data

Number of Cases Opened	515
Number of Units (1 unit = 15 minutes)	30,600

Program Funding

Ombudsman	Title VII: \$30,161 Title III: \$56,679 State Funds: \$95,646	\$ 182,486
Vulnerable Adults	Title VII: \$42,411 Title III: \$97,310 State Funds: \$2,487	\$142,208
TOTAL FUNDS		\$324,694

05/08/2006